



Volunteers of America®

MICHIGAN

# Volunteer Service Application Form

Please print in ink. Answer all questions.

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Telephone Numbers:

Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: (month/day/year)    /    /

### In Case of Emergency Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## EXPERIENCE & INTERESTS

### Volunteer Experience:

Organization(s): \_\_\_\_\_ Position(s): \_\_\_\_\_ Date/length of service: \_\_\_\_\_

### Professional Experience:

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

### Civic/Professional Memberships:

Organization(s): \_\_\_\_\_ Position(s): \_\_\_\_\_ Dates of membership(s): \_\_\_\_\_

### Volunteer Interests:

Please check any that may be of interest.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Book Giveaway           | <input type="checkbox"/> Homeless Shelter              | <input type="checkbox"/> Thrift Stores/Warehouse |
| <input type="checkbox"/> Christmas Meal Delivery | <input type="checkbox"/> Office Support                | <input type="checkbox"/> Tutoring/Mentoring      |
| <input type="checkbox"/> Community Kitchen       | <input type="checkbox"/> Special Projects              | <input type="checkbox"/> Veterans Services       |
| <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Thanksgiving Meal Preparation | <input type="checkbox"/> Youth Services          |

### Special Skills:

Please check all that apply.

- Computer Experience in:     data entry     spread sheets     word processing  
 Clerical (i.e. typing, filing)     Training     Public Speaking     Foreign Language  
 Other: \_\_\_\_\_

## AVAILABILITY

Weekdays:	M	T	W	Th	F	Mornings	Afternoons	Evenings
Weekends:	Sat.	Sun.				Mornings	Afternoons	Evenings
Frequency:	Weekly		1-2 Month			Monthly		Occasionally

## BACKGROUND INFORMATION

Are you volunteering to satisfy an academic requirement?  No  Yes

Have you ever been convicted of a crime or violation?  No  Yes

If yes, please give date, charge, and current status \_\_\_\_\_

Are you volunteering to satisfy a court requirement?  No  Yes

If yes, please list your probation officer's name, phone # and District Court \_\_\_\_\_

## REFERRAL SOURCE

How did you learn about volunteer opportunities with Volunteers of America Michigan? \_\_\_\_\_

**I certify that all responses on this document are true to the best of my knowledge.**

**I understand that any misrepresentation of information constitutes cause for separation or termination from volunteer service.**

\_\_\_\_\_  
Signature & Date

Volunteers of America Michigan will recruit, hire, train, and promote persons in all job/volunteer classifications without regard to race, creed, color, religion, sex, age, national origin or disability.

Volunteers of America is a national, nonprofit, spiritually based organization providing local human service programs, and the opportunity for individual and community involvement.

*A Ministry of Service for over 100 years*

Volunteers of America Michigan, Inc.  
21415 Civic Center Drive, Suite 210 – Southfield, MI 48076  
Phone: (248) 945-0101      Fax: (248) 945-0202