



Willard Community Center
Volunteer Application

Name _____ Date _____

Address _____ City, State, & Zip _____

Home or Cell phone # _____ Work Phone # _____

Person to contact in case of an emergency:

Name _____ Date _____

Address _____ City, State, & Zip _____

Home or Cell phone # _____ Work Phone # _____

How did you hear about the volunteer opportunities at Willard Community Center?

_____ Previously attended Willard Programs _____ Probation Officer

_____ Volunteer Partners _____ Other _____

_____ School or Teacher Referral

_____ Family or Friend Referral

Current Employer _____ Position _____

Have you previously served as a volunteer for Willard Community Center?

Yes _____ No _____

If yes, please list assignments. _____

Do you have any physical, mental, or medical impairment that would limit your ability to volunteer?

Yes _____ No _____

Please explain. _____

Have you been convicted of a felony in the last 7 years? Yes_____No_____

Please explain. _____

Is this a class assignment?

Yes_____No_____

School_____Instructor_____

Class_____Hours Required_____

List briefly any volunteer work you have performed for other organizations:

What are your areas of interest?

_____Recreation _____Data collection _____Fund Raising

_____Tutoring _____Crafts _____Receptionist

_____Outdoor Maintenance _____Entertainment _____Gardening

_____Indoor Maintenance _____Mentoring _____Other_____

What are your skills?

_____Computer Knowledge _____Data Entry _____Art

_____Outdoor Landscaping _____Cleaning _____Organizing

_____Foreign Language _____Dance _____Music

_____Needlework/Sewing _____Drama _____Reading Aloud

Other Skills_____

Please specify day and times you are available for volunteer work.

Monday_____Tuesday_____Wednesday_____

Thursday_____Friday_____Weekends_____

Are you available for on-call assignments? Yes_____No_____

List names, addresses, phone numbers or two personal references not related to you.

1.) _____

2.) _____

Office use only

Required background checks. Please 'X' off when performed as well as the date information was received.

BACKGROUND CHECK:	DATE RECEIVED	X (when received)
Report of Law Enforcement Contact		
Documentation of NE registry check with no adverse findings		
Documentation of NE sexual offender check with no adverse findings		