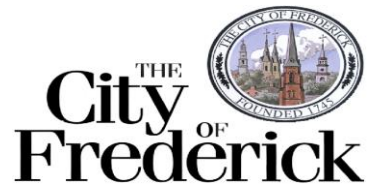


# VOLUNTEER APPLICATION



[Please print]

## 1. PERSONAL INFORMATION

NAME: \_\_\_\_\_  
**Last** **First** **M.I.**

HOME ADDRESS: \_\_\_\_\_  
**Street** **City** **State** **Zip**

PHONE NUMBER: **Home:** ( ) \_\_\_\_ - \_\_\_\_ **Cell:** ( ) \_\_\_\_ - \_\_\_\_ **E-MAIL:** \_\_\_\_\_

## 2. EDUCATION

ACADEMIC SCHOOL OR COLLEGE: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_ GPA: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

## 3. SKILLS/EXPERIENCE

PLEASE LIST ANY SPECIAL SKILLS, TRAINING, INTERESTS, AND HOBBIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD INTERFERE WITH YOUR ABILITY TO VOLUNTEER? (I.E., HEART, ASTHMA, ALLERGIES, BEE STINGS, BACK PROBLEMS)

\_\_\_\_\_

## 4. AREA(S) OF INTEREST

IN WHICH DEPARTMENT(S) ARE YOU INTERESTED IN VOLUNTEERING FOR? \_\_\_\_\_

WHAT ARE YOUR OBJECTIVES FOR PARTICIPATING IN A VOLUNTEER PROGRAM? \_\_\_\_\_

\_\_\_\_\_

WHAT, IF ANY, LIMITATIONS DO YOU HAVE THAT MAY HAVE A BEARING ON YOUR PLACEMENT? \_\_\_\_\_

\_\_\_\_\_

WHEN ARE YOU AVAILABLE TO START VOLUNTEERING? DATE: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ DAYS (CIRCLE): M T U W T H F

**4. ELIGIBILITY**

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO

IF OFFERED AN INTERNSHIP, CAN YOU VERIFY THAT YOU ARE AT LEAST 18 YEARS OF AGE?  YES  NO  
IF NO, DO YOU HAVE A VALID WORK PERMIT?  YES  NO

CITIZENSHIP STATUS (CHECK ONE):  U.S.  PERMANENT RESIDENT  STUDENT VISA (TYPE) \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY VIOLATION OF FEDERAL, STATE, COUNTY, OR MUNICIPAL LAW, REGULATION OR ORDINANCE? (INCLUDE MILITARY COURT-MARTIAL, TRAFFIC ARRESTS, AND PAID TRAFFIC CITATIONS).  YES  NO

A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY A VOLUNTEER FOR A PARTICULAR PROJECT OR DEPARTMENT. A VOLUNTEER MAY BE REJECTED OR SUBSEQUENTLY TERMINATED IF THE CIRCUMSTANCES OF THE ARREST OR CONVICTION SUBSTANTIALLY RELATE TO THE ASSIGNED VOLUNTEER DUTIES.

**5. CERTIFICATION**

**I hereby certify my understanding of the following as indicated by my signature below:**

I certify that the information included in this application, or any other application materials submitted is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or no further consideration. In some cases, I understand you may be investigating certain public information files for information relevant to my application for volunteer service. This may include driving record information, licenses, or criminal history information. I authorize you to obtain from any source regarding my education, experience competence, character or medical history, as it relates to the volunteer position for which I applied. I further acknowledge reading and understanding all of the provisions of this application and agree to comply to all provisions if accepted as a volunteer for the City of Frederick.

**APPLICANT SIGNATURE**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (IF UNDER AGE 18).**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_