



## Volunteer Application

**PLEASE PRINT NEATLY AND COMPLETE ALL AREAS THAT APPLY:**

LAST NAME		FIRST NAME		DATE OF BIRTH	AGE
STREET ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE	CELL PHONE		E-MAIL		

**COMPLETE THE FOLLOWING SECTION IF YOU ARE UNDER THE AGE OF 18:**

SCHOOL NAME	CURRENT GRADE LEVEL
PARENT/GUARDIAN NAME(S)	HOME PHONE  WORK PHONE  CELL PHONE

**EMERGENCY CONTACT:**

NAME	PHONE NUMBER	RELATIONSHIP
DO YOU HAVE ANY ALLERGIES?	REQUIRED ACTION FOR ALLERGY	



## Volunteer Application (CONT.)

**Please tell us in which areas you are interested in volunteering.**

Special Olympics: ☐ Coaching ☐ Unified Partner ☐ Chaperoning Events

Discovery Plus (adults): ☐ Working/Setup ☐ Chaperoning Events

Stars Plus (sixth grade to Graduation): ☐ Working/Setup Events ☐ Chaperoning Events

Committees/Events: ☐ Fundraising ☐ Golf Tournament ☐ Car Show ☐ Community Events

### **VOLUNTEER EXPERIENCE:**

HAVE YOU EVER VOLUNTEERED WITH AN ORGANIZATION?	IF YES, WHERE AND WHAT WERE YOUR RESPONSIBILITIES?
WHY DO YOU WANT TO VOLUNTEER AT OUR AGENCY?	LIST SKILLS & CERTIFICATIONS (CPR, FIRST AID, ETC.), HOBBIES, INTERESTS, AWARDS:

**REFERENCES:** List below three people not related to you, whom you have known for at least a year.

NAME	ADDRESS (CITY, STATE)	PHONE	RELATIONSHIP	YEARS KNOWN



## Volunteer Application (CONT.)

<p><b>AUTHORIZATION &amp; UNDERSTANDING:</b></p> <p>Please review and sign where indicated.          I certify that the facts contained in this application are true and complete. Warren County Pathfinders may verify it. Should a volunteer position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that Warren County Pathfinders is relieved of all commitments, and that I am subject to immediate discharge without recourse.</p>	<p><b>RELEASE:</b></p> <p>I hereby authorize all persons listed in my references to provide such information about me upon request at any time, with any information they have regarding my character, ability, job performance, and volunteer experience. I will hold such people and the company harmless for such disclosures.</p>
<p>I have read and understand these conditions.</p>	
<p>Applicant Signature</p>	<p>Date</p>

**Parental Permission (minors only):** Must be signed by your parent/guardian before you are authorized by Warren County Pathfinders to volunteer.

<p><b>AUTHORIZATION &amp; UNDERSTANDING:</b></p> <p>Please review and sign where indicated.          I give permission for my child to volunteer for Warren County Pathfinders. I understand that my child should be picked up promptly (if necessary) when his/her volunteer time is over and that he/she will be expected to dress appropriately for work in a public place.</p> <p>I have read and understand the above authorization and disclosed that my child has signed and agrees to the conditions.</p>	
<p>Parent/Guardian Signature</p>	<p>Date</p>