

APPLICATION FOR VOLUNTEER SERVICES ST. OTTO'S CARE CENTER

NAME: _____ DATE: _____
(Last/Middle/Last/Maiden)

HOME ADDRESS: _____
(City/State/Zip)

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ BIRTH DATE: _____

If less than 16 years of age, please disregard next (3) questions

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE OR STATE ID: _____

COUNTRIES LIVED IN DURING PAST FIVE YARS: _____

Name and number of contact person in case of an emergency:

(name & phone)

Is there any health related conditions (physical /mental) that would be considered in your volunteer placement?

REFERENCES; (Please list 2 references, 1 of which is from a prior job or volunteer experience. These references may be contacted either by phone or by mail)

<u>Name</u>	<u>Phone Number</u>	<u>How do you know him/her</u>
1. _____	_____	_____
2. _____	_____	_____

How often do you want to volunteer: (number of hours per week) _____

Days preferred to volunteer: _____ Hours preferred: _____
(weekdays/weekends) (days/nights)

Who referred you or how did you find out about our Volunteer Department?

Current/past volunteer duties _____

Current/past paid employment _____

Education and Special Training _____

I certify that the above information is true and current. I authorize contact of listed references. I understand that misrepresentation or omission of facts request in this form is cause for non-acceptance as a volunteer and that the Volunteer Department is not obligated to accept me as a volunteer if an appropriate volunteer position is not available. If selected as a volunteer, I agree to abide by the rules and regulations of St. Otto's Care Center to fulfill the volunteer responsibilities to the best of my ability.

(Signature)

(Date)

(Parent/Guardian Signature-required if under 18 years of age)

(Date)