



## VOLUNTEER APPLICATION FORM

LEARN Resource Center  
610 Professional Park Drive, New Haven, IN 46774  
Phone: (260) 749-9516

**Directions:** Complete each section on both sides. Please print clearly. If you are aged 11-17, a parent or guardian's signature is required.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) : \_\_\_\_\_ (E-mail): \_\_\_\_\_

Month and Day of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Area/school where you want to volunteer:** \_\_\_\_\_

**Education:** Current School: \_\_\_\_\_ Highest grade completed: 6 7 8 9 10 11 12

School Name:	Degree:	Major:	Year:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Languages you speak other than English: \_\_\_\_\_

**Current Employment** (or most recent if not currently employed):

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Retired \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

**Emergency Contact Person:**

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

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

<b>Availability:</b> (check all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____

**Volunteer Experience:** Have you had previous volunteer experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where and what was your task?

\_\_\_\_\_  
\_\_\_\_\_

**Interests and Skills:** List your skills, hobbies, and interests: \_\_\_\_\_

What skills do you have that you would like to use in working with children? \_\_\_\_\_

\_\_\_\_\_

What volunteer activity or activities would you like to pursue with LEARN? \_\_\_\_\_

How did you find out about the agency's volunteer program? \_\_\_\_\_

Do you have any physical limitations which we need to accommodate? \_\_\_\_\_

Is there any other information which will help us place you as a volunteer? \_\_\_\_\_

**References:** Please list two references in the space provided below (no family members):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been convicted of or pled guilty to a felony or misdemeanor, other than a minor traffic violation? (Conviction or plea will not necessarily disqualify an applicant.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

**Please sign below when you have read and understood this statement.**

I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I grant the agency permission to obtain information from references which I have provided. I certify that the statements made in this volunteer application are true and correct and has been given voluntarily. I understand that misrepresentation of any information may result in termination of my volunteer involvement.

I am volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My son or daughter has my permission to volunteer at LEARN Resource Center.**

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required if applicant is under 18)

**For Center Use:**

Interview Date \_\_\_\_\_  
Reference Check \_\_\_\_\_  
Start Date \_\_\_\_\_  
Schedule \_\_\_\_\_

Staff \_\_\_\_\_  
Orientation \_\_\_\_\_  
Position \_\_\_\_\_  
Staff Notification \_\_\_\_\_