

# Volunteer Application



Name \_\_\_\_\_ Application Date \_\_\_\_\_  
(Last, First, Middle Initial or Group name)

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Insurance  
Company \_\_\_\_\_

Are you bilingual? \_\_\_\_\_ If yes, what languages? \_\_\_\_\_

Have you ever worked or volunteered for **Open Hands** before? \_\_\_\_\_

**If yes, when?** \_\_\_\_\_ **What did you do?** \_\_\_\_\_

Court or School ordered service? **If yes which? # hours to complete?** \_\_\_\_\_

Reason for order? \_\_\_\_\_

School Internship? **If yes how long?** \_\_\_\_\_

What days and times can you work at **Open Hands**? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tele. # \_\_\_\_\_

Medical Condition we should know about/medications \_\_\_\_\_  
\_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Volunteer start date:** \_\_\_\_\_ **Volunteer finish date** \_\_\_\_\_

## Volunteer Evaluation:

**Any questions? Please call Open Hands Volunteer Coordinator, Jacquelyn Poplawsky @ 428-2347**