

Volunteer Data Card

Name _____ Address _____

Phone # _____ Date of Birth _____ SS# _____

Please indicate the kind of volunteer work you prefer: _____

What day(s) and time(s) do you wish to volunteer? (circle choices) M T W Th F Time _____ M T W Th F Time _____

Have you been convicted of a felony? Yes _____ No _____ If yes, for what offense? _____

Is there a felony conviction pending? Yes _____ No _____

In which school do you wish to volunteer? First Choice _____ Second Choice _____

List any special interest areas, skills, or hobbies you may have which might be useful in doing the volunteer work you prefer: _____

List any previous experience you have had working with children (parents, camp, church, scouts, etc.) _____

Do you have your own transportation? Yes _____ No _____ If no, how do you plan to get to your assigned school? _____

Do you have a valid Michigan Driver's License? Yes _____ No _____ If yes, license #: _____

In case of emergency, notify: _____

Signature _____

Office Use Only

Received application on _____ School _____ Interviewed by/date _____

If accepted: Volunteer to begin volunteering on _____

Orientation scheduled for _____ at _____ Last recorded TB(X-Ray) _____

Training needed? Yes _____ No _____ Type of Training _____

If rejected, reason: _____