



VOLUNTEER APPLICATION

(Please Print)

Name _____

Address _____
Street City Zip Code

Phone _____ **S. S. #** _____

Person to contact in case of emergency: _____

Relationship _____

Phone (Home) _____ **Work** _____

Interest, Hobbies, Skills _____

List two recent employers and/or volunteer experience:

Employer/Agency _____

Supervisor _____ **Phone** _____

Position/Duties _____

Employer/Agency _____

Supervisor _____ **Phone** _____

Position/Duties _____



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List Two References (whom you know for at least a year and are not related to)

Name	Phone	Relationship
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Name	Phone	Relationship
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Type of Volunteer Work Desired _____

Availability _____

Day (s) of the Week _____

Time of Day _____

Weekend: Saturday ____ **Sunday** ____ **Time** _____

Why are you interested in volunteering with Family Community Resource Center?



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The information provided is correct to the best of my knowledge. I hereby give permission to the Family Community Resource Center to contact my past and present employers, volunteer agencies, and references.

I understand that completing this application does not ensure volunteer placement. I also understand that this is not an application for paid employment.

Applicant's signature: _____ Date: _____

***Return completed form to Belinda Kennedy:* Family Community Resource Center
509 W. Washington Street
Bloomington, IL 61701**