

Durand Academy and Community Services, Inc.

APPLICATION FOR VOLUNTEERS

Please type or print clearly

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _(____)_____ Work phone: _(____)_____ Cell: _(____)_____

Have you been convicted of a felony within the past five years? _____ Yes _____ No

If yes, please explain: _____

Are you a student? _____ Yes _____ No

Date of birth: _____

What school do you attend? _____

What grade or year are you in? _____

Have you done volunteer work at another nonprofit? _____ Yes _____ No

If yes, where and what did you do?

What type of work would you like to do here?

List any hobbies or interests:

What skills, training, or knowledge do you wish to utilize here?

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Why do you want to volunteer here?

Where did you hear about our Agency? _____

When are you available to volunteer and for how long? _____

Time of day or week. _____ How often per week/month : _____

For how long? _____

If you have a disability, what accommodation would you need to do this volunteer position?

What training, resources or support do you anticipate needing to do this volunteer work?

Please provide 3 personal or professional references:

Name: phone number personal or professional relationship

- 1.
- 2.
- 3.

I hereby attest that the above information is true to the best of my knowledge.

Signature: _____ Today's Date: _____

****If the applicant is chosen for volunteer work, have them complete the following****

In case of emergency, please contact:

Name: _____ Phone (W) _(____)_____ (H) _(____)_____

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions): _____
