



ADULT VOLUNTEER APPLICATION

Name _____ Date of Birth ____/____/____

Address _____
Street Number City State Zip

Cell Phone _____ Home Phone _____

E-Mail _____

Employer _____ Position _____

Address _____
Street Number City State Zip

Work Phone _____ Can we call you at work? Yes No

Brief description of work _____

Highest level of education completed _____ Concentration _____

Do you drive? Yes No If yes, do you have access to a car? Yes No

Are you willing to provide transportation to youth participants if needed? Yes No
(please provide updated insurance card and drivers license if possibility of transporting youth)

Do you speak a foreign language? Yes No If yes, what language _____

Do you have a physical or mental condition which might limit your ability to serve as a volunteer? If so, please describe. Yes No

How did you learn about The LeaderShop? _____

Why are you interested in volunteering at The LeaderShop? _____

List current and previous volunteer work (including brief description of duties, activities, etc.)

What personality factors or skills do you possess that you can share with The LeaderShop?

Have you ever been convicted of a crime other than a traffic violation? [] Yes [] No
If yes, what was the charge? _____ Date convicted _____

Please list three references of people who know you well, other than relatives, preferable for whom you have worked in either a paid or volunteer capacity.

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Relationship _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Relationship _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Relationship _____

In case of emergency please contact:

Name _____

Phone _____

Relationship _____

Please list any allergies or medications we should be aware of:

Allergies _____

Medication _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand it will be necessary for The LeaderShop to investigate my background and to check my character references. I hereby give my consent for this information exchange and authorize such agencies to release information requested by The LeaderShop. I understand that the agencies to be contacted may include employers, courts (juvenile and adult), police, social services and other persons and agencies I have had contact with.

I verify that the information provided on this application is accurate to the best of my knowledge.

Applicant Signature

Date

LeaderShop Staff Signature

Date