



Your invitation to volunteer for Courage Center

Volunteering gives you the opportunity to discover your own abilities through working with the abilities and disabilities of others. You can:

- Contribute significantly to the quality of individual lives
- Grow personally and professionally
- Explore career directions
- Develop lasting friendships with other volunteers
- Meet new people
- Gain hands-on experience and training

Volunteer Application

Personal Information

Date: _____

Name: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ Fax: (____) _____

Home Email: _____ Business Email: _____

Best way to reach you: _____ Best time(s) to reach you: _____

Male Female

Age Group: 10-16 16-18 Over 18

Employment

Current Employer/Retired From: _____

Street Address: _____ Title/Position: _____

City/State/Zip: _____ Phone: (____) _____

Education

Name and Location	Completed?	Date to be Completed
High School/GED: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

College/University: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Special Training (business, vocational, technical, etc.): _____

Are you presently attending school? Yes No Name of School: _____

Will you be receiving academic credit for your volunteer work? Yes No

Emergency Contact

Name: _____ Relationship: _____

Street Address: _____ Home Phone: (____) _____

City/State/Zip: _____ Business Phone: (____) _____

How did you learn of Courage Center's Volunteer Program?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Internet _____ |
| <input type="checkbox"/> Radio, TV _____ | <input type="checkbox"/> Another Courage Center volunteer _____ |
| <input type="checkbox"/> School _____ | <input type="checkbox"/> A Courage Center staff member _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> I am a client/former client _____ |

Experience/Background

Do you currently participate in any clubs or organizations? _____

Have you ever served as a volunteer before? Yes No If yes, where? _____

Do you have any other relevant experience that you would like us to know about? _____

Have you ever been convicted of a crime? Yes No If yes, please specify: _____

Position/Availability

If you are applying for a specific program, please specify: _____

What type of volunteer work do you prefer? Working with clients Clerical Special Events
 Other (specify): _____

What is your availability? Weekday Weekday Evening Weekend

References

Please provide one friend and one work or school related reference with COMPLETE ADDRESSES. If you are under 18, both references must be school, church, volunteer, or work related. Reference check forms will be mailed to the names you have provided.

REFERENCE #1:

Name: _____ Relationship: _____

Street Address: _____ Home Phone: (_____) _____

City/State/Zip: _____ Business Phone: (_____) _____

REFERENCE #2:

Name: _____ Relationship: _____

Street Address: _____ Home Phone: (_____) _____

City/State/Zip: _____ Business Phone: (_____) _____

By signing below, I give my permission to check the references I have listed and verify that in answering the above questions, I have provided accurate and complete information.

Applicant Signature: _____

Applicants under the age of 18 must have this application signed by a parent or guardian.

This applicant has my permission to volunteer at Courage Center.

Parent or Guardian Name (please print): _____ Date: _____

Parent or Guardian Signature: _____

