



VOLUNTEER APPLICATION

GENERAL INFORMATION:

Name: _____

Cell Phone: _____

E-mail Address: _____

DOB: _____

Occupation/ Title: _____

Please list your volunteer and work experience below.

Company Name	When you worked	Phone Number	Brief description of experience

SEX: Female Male

Highest Level of education completed: _____

School: _____ Area of Study: _____

How did you learn about our volunteer program? _____

Are you volunteering to fulfill a class requirement? Yes No

If yes, how many hours are you required to complete? _____ By when? _____

What languages do you speak? English Spanish Other _____

Please list any special skills or certifications you may have:

If you are 18 years or younger, please fill out the following:

Parent/Guardian Name:	
Phone/Cell Phone:	

Please list 2 references, which are not related to you but have known you for at least one year:

Reference Name	Relationship	Email Address

Release

*** Volunteers understand that we will conduct a criminal background check if deemed necessary and that by signing this application permission is given to complete this part of the volunteer screening process.**

Volunteer Signature: _____ **Date:** _____

Parent's Signature (If under 18 years of age): _____ **Date:** _____

Please submit your completed VOLUNTEER APPLICATION to:

Soaring Kidz
soaring.kidz@gmail.com