

# GATEWAY WOODS

## Family Services

### VOLUNTEER APPLICATION

Date of Application \_\_\_\_\_

1. Full Name \_\_\_\_\_

Street \_\_\_\_\_ Telephone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. Do you have: A valid driver's license? \_\_\_\_ Car insurance? \_\_\_\_

3. In the event of an emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

4. Education: High School \_\_\_\_\_ Yrs attended \_\_\_\_\_

College(s) \_\_\_\_\_ Yrs attended \_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_\_

5. List your work and volunteer experiences:

Employer or Organization \_\_\_\_\_ Dates \_\_\_\_\_ Position/Responsibilities

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Were any of the above experiences with children? Explain:

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6. a. List skills:

b. Hobbies and interests:

c. How do you envision yourself being best used as a volunteer?

7. a. Areas of strengths:

b. Areas of weakness:

8. Do you have a church affiliation? \_\_\_\_\_

If so, what church? \_\_\_\_\_

9. When are you available? \_\_\_\_\_

10. Have you at any time ever:

Been convicted of, or pleaded no contest to, any felony? \_\_\_\_\_

Engaged in any child molestation, exploitation, or abuse? \_\_\_\_\_

If the answer to either of these questions is, "yes," please explain in detail:

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11. Give the reference check forms to two people who know you well and can provide a character reference for you. These could include a work supervisor, teacher/professor, church leader, relative, or friend. The forms should be sent back to the Volunteer Coordinator by the references.