

Volunteer Application Form

Volunteer assignments are approved for one (1) year only. A new application must be submitted July 1 of each year.

Date of Application: _____

Name: _____

Home Address: _____

Phone #: _____

Email: _____

Date of Birth: _____

Valid Driver's License: ☐ Yes ☐ No

Department/Program: _____

Position for which you are volunteering: _____

Volunteer location: _____

Emergency contact information:

Name: _____

Relationship: _____

Phone #: _____

Please list available times:

☐ Monday: _____

☐ Tuesday: _____

☐ Wednesday: _____

☐ Thursday: _____

☐ Friday: _____

☐ Saturday: _____

☐ Sunday: _____

Available Start Date: _____

Hours Needed: _____

Additional Notes:

Please share why you want to volunteer at CPACS:

List your skills:

For Office Use Only:

Number of hours and times agreed upon to perform volunteer work each month (individual should not work beyond defined hours):

☐ Monday: _____

Start Date: _____

☐ Tuesday: _____

Hours Needed: _____

☐ Wednesday: _____

Completion Date: _____

☐ Thursday: _____

☐ Friday: _____

☐ Saturday: _____

☐ Sunday: _____

Volunteers assigned to work with minors and/or students will be subjected to a criminal background check.

Copies of completed Volunteer Application Form must be submitted to Human Resources (HR) by the responsible department. Any questions regarding the types of work activities to be performed may be discussed with HR.

Applicant/Volunteer Signature

Date

Supervisor Signature

Date