



VOLUNTEER APPLICATION FORM

Personal Information

Name:	Date of Birth:
Address:	
Email:	Tel:

General Information

Are you currently working? Yes No If yes, current Employer: _____

Have you had previous volunteer experience? Yes No

What position are you most interested in? _____

What time are you interested in volunteering: Mornings Days Evenings Weekends

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you currently a student: Yes No If so, where _____

Reason for wanting to volunteer: _____

Are service hours for school/agency/service project or other? Yes No

If yes, please provide name of school/agency contact information: _____

How many hours are required for service? _____ Completion Date: _____

Emergency Contact

In case of an emergency, contact: _____ Relationship: _____

Tel: _____ Email: _____

Confidentiality Statement

I, the undersigned, promise to hold in confidence all matters that come to my attention as a volunteer at NCHC. This includes materials from and about clients, matters regarding colleagues, and other confidential information about the organization. I will respect the privacy of the people I work with, and confer appropriately with my supervisor(s).

Signature of Applicant: _____ Date: _____