



Willard Community Center  
Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, & Zip \_\_\_\_\_

Home or Cell phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

How did you hear about the volunteer opportunities at Willard Community Center?

\_\_\_\_\_ Previously attended Willard Programs    \_\_\_\_\_ Probation Officer  
\_\_\_\_\_ Volunteer Partners    \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ School or Teacher Referral  
\_\_\_\_\_ Family or Friend Referral

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Have you previously served as a volunteer for Willard Community Center?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list assignments. \_\_\_\_\_

Do you have any physical, mental, or medical impairment that would limit your ability to volunteer?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain. \_\_\_\_\_

Have you been convicted of a felony in the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain. \_\_\_\_\_

Is this a class assignment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

School \_\_\_\_\_ Instructor \_\_\_\_\_

Class \_\_\_\_\_ Hours Required \_\_\_\_\_

List briefly any volunteer work you have performed for other organizations:

\_\_\_\_\_

What are your areas of interest?

- \_\_\_\_\_ Recreation                  \_\_\_\_\_ Data Collection                  \_\_\_\_\_ Fund Raising
- \_\_\_\_\_ Tutoring                          \_\_\_\_\_ Crafts                          \_\_\_\_\_ Receptionist
- \_\_\_\_\_ Outdoor Maintenance          \_\_\_\_\_ Entertainment                  \_\_\_\_\_ Gardening
- \_\_\_\_\_ Indoor Maintenance                  \_\_\_\_\_ Mentoring                          \_\_\_\_\_ Other \_\_\_\_\_

What are your skills?

- \_\_\_\_\_ Computer Knowledge          \_\_\_\_\_ Data Entry                          \_\_\_\_\_ Art
- \_\_\_\_\_ Outdoor Landscaping                  \_\_\_\_\_ Cleaning                          \_\_\_\_\_ Organizing
- \_\_\_\_\_ Foreign Language                  \_\_\_\_\_ Dance                          \_\_\_\_\_ Music
- \_\_\_\_\_ Needlework/Sewing                  \_\_\_\_\_ Drama                          \_\_\_\_\_ Reading Aloud

Other Skills \_\_\_\_\_

Please specify day and times you are available for volunteer work.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Weekends \_\_\_\_\_

Are you available for on-call assignments? Yes \_\_\_\_\_ No \_\_\_\_\_

List names, addresses, phone numbers or two personal references not related to you.

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_

Office use only

Required background checks. Please 'X' off when performed as well as the date information was received.

| BACKGROUND CHECK:  | DATE RECEIVED | X<br>(when<br>received) |
|--|---------------|-------------------------|
| Report of Law Enforcement Contact                                  |               |                         |
| Documentation of NE registry check with no adverse findings        |               |                         |
| Documentation of NE sexual offender check with no adverse findings |               |                         |