

Porter Hills
VOLUNTEER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Date of Birth: ____ / ____ / ____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone #: _____

General Information

Education: Currently In School Currently in college Not Currently in School

Are you currently employed: Yes No

Position Held: _____

If you work – Name of Employer: _____

May we contact employer: Yes No

If yes, phone number: _____

Are you currently volunteering or have you volunteered previously: Yes No

Name of Business: _____

Dates of volunteering: _____

May we contact businesses: Yes No

If yes, phone number: _____

Name of Business: _____

Dates of volunteering: _____

May we contact businesses: Yes No

If yes, phone number: _____

Background Verification – A background criminal history check must be performed for all volunteers

Have you ever been convicted of a criminal offense? Yes No

Have you ever been charged with neglect, abuse or assault? Yes No

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of volunteering? Yes No

References:

Please list two **non**-family references whom we might contact:
