



VOLUNTEER/INTERN APPLICATION FORM

Date: _____

Name: _____

Address: _____
(Please include zip code)

Home Phone: _____ Cell Phone: _____

Email: _____

Work Phone: _____ Best time to call: _____

Date of Birth: _____
(month/day/year)

Drivers License or Social Security Number: _____

SKILLS AND INTERESTS:

Educational Background: _____

Current Occupation: _____

Skills: _____

Why are you interested in volunteering for Life-Line Resources, LLC?

What do you want to do as a volunteer for Life-Line Resources, LLC? _____

What are the skills that you would bring to such a position? _____

What are some concerns that you would bring to such a position? _____

AVAILABILITY:

At what times are you interested in volunteering?

I am flexible Weekdays Evenings Weekends

Other _____

Please specify times that you cannot do volunteer work _____

REFERENCES:

How did you hear about us? Website Advertisement Client or agency

Referred by friend or volunteer Other _____

List name, address, zip code and phone numbers of three references (two must be previous employers or volunteer agencies)

Name: _____ Phone: _____

Complete address: _____

Name: _____ Phone: _____

Complete address: _____

Name: _____ Phone: _____

Complete address: _____

Signature of applicant

Date