



Date: \_\_\_\_\_

## COMMUNITY SERVICE VOLUNTEER APPLICATION

### Personal Information

Name: \_\_\_\_\_ Birth Date (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is the best way to contact you?    Email    Daytime Phone    Cell Phone

Do you have any medical or lifting restrictions? \_\_\_\_\_

### General Information

How many hours are you required to perform? \_\_\_\_\_ By when? \_\_\_\_\_

Please provide contact information for your probation officer, attorney, counselor, or whoever is responsible for overseeing your hours.

Name of contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If your community service hours are court-related, please describe your offense:

\_\_\_\_\_

\_\_\_\_\_

### Availability

Place an "X" in all the boxes that represent a time frame when you are generally available and interested in volunteering.

	Tuesday	Wednesday	Thursday	Friday	Saturday
9am - 1pm					
12pm- 4pm					

May we contact you when volunteer opportunities become available on short notice (i.e. 12-48 hours in advance)? \_\_\_\_\_