



VOLUNTEER APPLICATION

PERSONAL

NAME: _____ PHONE NUMBER: _____
 ADDRESS: _____ ZIP CODE _____
 REFERRED BY: _____

EDUCATION

Do you have a High School Diploma or G.E.D.? Yes _____ No _____

From what school: _____

Do you have special training in a specific skill or trade? Yes _____ No _____

In what field of work: _____

From what school: _____

Have you ever been convicted of any crime including sex or abuse related offenses or had a mental health rights violation substantiated against you? Yes _____ No _____

If yes, when, where and what was the nature of the offense: _____

LIST COLLEGES OR UNIVERSITIES (LAST ONE FIRST)

	MAJOR	MINOR	DEGREE

SKILLS

FLUENT LANGUAGES OTHER THAN ENGLISH:

1. _____
2. _____

DO YOU:
 Type _____ Take Shorthand _____
 Operate Word Processing Equipment _____

List hobbies or special interests: _____

Do you have a state license or certification in a profession or technical field: Yes _____ No _____

If yes, specify: _____

Date: _____

EMPLOYMENT (Please list your last employer first – include related volunteer experience)

Company Name: _____
Address: _____
City: _____
Date Started: _____ Date Ended: _____
Job Title: _____
Major Duties: _____
Reason for Leaving: _____

Company Name: _____
Address: _____
City: _____
Date Started: _____ Date Ended: _____
Job Title: _____
Major Duties: _____
Reason for Leaving: _____

Company Name: _____
Address: _____
City: _____
Date Started: _____ Date Ended: _____
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Company Name: _____
Address: _____
City: _____
Date Started: _____ Date Ended: _____
Job Title: _____
Major Duties: _____
Reason for Leaving: _____

I attest that the above information is accurate to the best of my knowledge.

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

STATUS OF APPLICATION: ACCEPTED ___ NOT ACCEPTED ___ DEPT. ASSIGNED _____

DATE BEGAN: _____ DATE ENDED: _____

SIGNED: _____ DATE: _____

SUPERVISOR

Please email completed application to dmoonjvsdet.org.