

AROS INC.
Volunteer Information Form

PERSONAL INFORMATION

Full Name: _____
Last First Middle

Home Address: _____
City State Zip

Preferred Phone: () _____ () _____
1st Phone 2nd Phone

Email Address: _____

Emergency Contact: _____ () _____
Name Phone

SKILLS AND INTERESTS

Current Occupation: _____ Employer: _____
(If student name of school)

Education Background: _____

Hobbies, Interests, Skills: _____

Have you ever been convicted of a law violation as an adult, including moving traffic violations? YES ___ NO ___ if yes please explain: _____

Do you agree to a background/reference check? Yes ___ No ___

How did you hear about this volunteer opportunity? _____

AVAILABILITY

How often would you like to volunteer? Daily Once a Week 2 or 3 Times a Week

Please indicate available times:

	Mon	Tues	Web	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

REFERENCES

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

INTERESTS, EXPERIENCE, AND SKILLS

Is there a particular type of volunteer work in which you are interested?

Volunteer position preferred: (Check all that apply)

A. Business and Office Procedure:

Administrative Support Bookkeeping Computer Clerical Support

B. Public Relations/Educational Services:

Social Work Public Speaking Program Coordinator
 Volunteer Coordinator Group Facilitator Educator Resident Assistant
 Grant Writer Fundraisers Program Coordinator Outreach

C. Arts & Crafts/Recreation:

Music Painting/Ceramics Woodworking Art Work
 Theatre Graphic Artist Other/Sewing, etc. Scrapbooking

D. Specialty Skills:

Auto repair Home Maintenance Home Improvement
 Childcare Bible Study Writer/Editor Nutrition & Fitness
 Marketing Event Coordinator Activities Coordinator Landscaping

E. Mentoring Skills:

Literacy Tutoring Teaching (subject): _____
 Foreign Languages Vocational (subject): _____

F. Other skills, training, education, group affiliation, etc.: _____

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to such verification as may be necessary in reference to my volunteer work.

SIGNATURE

DATE

FOR OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE):

Application Received: _____ Interview Conducted: _____

Volunteer Coordinator: Approval () Disapproval () Date: _____

Executive Director: Approval () Disapproval () Date: _____

Orientation & Tour Date: _____

Volunteer Job Assigned (Schedule): _____

Comments: _____
