



Volunteer Application

Name: _____ Today's Date: _____
Please Print

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Other Phone: _____

Birthday: _____ Email: _____
Month/Day

Religious Affiliation (optional): _____ Referred By: _____

Currently Employed: Yes No Does your company have community partnership? Yes No

Present Job: _____ Employer: _____

Special Needs _____
Physical limitations such as steps, time restrictions during the day, SUV or truck needing to step up, etc

Have you ever been convicted of any offense by a civilian or military court? Yes No

Are you under charges for any offenses or are there any civil suits or judgments pending against you? Yes No

Are you now on probation or parole? Yes No

Hobbies, interests, skills _____

Previous volunteer experience (Agency/type of volunteer work) _____

SELECT APPLICABLE VOLUNTEER INTEREST:

- | | |
|---|---|
| <input type="checkbox"/> Work one-on-one | <input type="checkbox"/> Grocery shopping/errands |
| <input type="checkbox"/> Work with group; ie teach | <input type="checkbox"/> Minor home repairs |
| <input type="checkbox"/> Assistant to staff member/ In-office assistant | <input type="checkbox"/> Onsite program volunteer |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Medical Escort Volunteer |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Other _____ |

AVAILABILITY:

Hours per week/month (specify) _____ Preferred Days _____

FOR MEDICAL ESCORT TRANSPORTATION VOLUNTEERS ONLY

Schedule me to drive on: _____
Tuesday/Wednesday _____ Weeks: 1st, 2nd, 3rd, 4th, 5th

Driver's License # _____ State _____ Exp Date _____

Your Insurance Carrier _____

LIFESPAN's Insurance Carrier is Philadelphia Insurance Company, Policy No. PHPG125201

References

Name	Phone Number
1.	Home: Cell:
2.	Home: Cell:
3.	Home: Cell:

I agree to have LIFESPAN Resources, Inc. contact references listed and that all other information provided is to the best of my knowledge.

Volunteer Signature

LIFESPAN Staff Signature

Date

Date

Please attach a copy of your driver's license and return to:

LIFESPAN Resources, Inc.
3003 Howell Mill Road
Atlanta, GA 30327

For office use ONLY

Safety First Form Received

Background Check Completed

Volunteer/Agency Agreement Received

Copy of Drivers License Copy Received

MET Placement: Tuesday Wednesday
 1st 2nd 3rd 4th 5th

Notes: _____

