



## JASC Volunteer Application

(Please Print)

Application Date \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number                    Street                    City                    State                    Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

1) How did you hear about JASC? \_\_\_\_\_

2) What areas of JASC are of interest to you?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Day Services         | <input type="checkbox"/> Legacy Center    | <input type="checkbox"/> Counseling     |
| <input type="checkbox"/> Lunch Service              | <input type="checkbox"/> Out of the House | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Minor Repairs/Construction | <input type="checkbox"/> Performances     | <input type="checkbox"/> Translation    |
| <input type="checkbox"/> Special Events             | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Other _____                |   |   |

3) How many days/hours a week are you available? \_\_\_\_\_  
\_\_\_\_\_

4) Please briefly describe your past work and volunteer activities:

<u>Dates</u>	<u>Firm / Organization</u>	<u>Type of work</u>

5) Please list any special skills/talents you have or would like to develop as part of your volunteer work at JASC:

\_\_\_\_\_  
\_\_\_\_\_

6) On what date would you be available to begin your volunteer work?

\_\_\_\_\_

7) Do you have any physical condition(s) that limit the type of volunteer work you should do?

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Please list three references that are not related to you.

<u>Name</u>	<u>Relationship</u>	<u>Phone no: &amp; e-mail</u>

9) Please check the highest level of education completed.

- Grade School                       High School                       College  
 Graduate School                       Trade School

10) In case of an emergency, please notify:

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      Relationship: \_\_\_\_\_

**Agreement**

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this volunteer application as may be necessary in determining my suitability as a volunteer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date