

CLAFLIN HILL VOLUNTEER APPLICATION

Date ____/____/____

PERSONAL INFORMATION

Name _____

E-mail _____

Address _____

City _____ State _____ ZIP _____ Home Phone (____) _____

Cell (____) _____ Work Phone, if employed (____) _____

Emergency Contact: Name _____ Phone (____) _____

Contact's Relationship to You: _____

Skills and Talents _____

Languages (other than English) _____

Have you ever been convicted of a crime or felony or violent crime? Y / N If yes, please explain _____

Do you have any disabilities that may interfere with the volunteer job you have indicated an interest in? (Please read descriptions of the various jobs) Y / N If yes, please explain

Are you a Member of Claflin Hill? _____

How did you hear about Claflin Hill? _____

Why would you like to become a volunteer? _____

EMPLOYER (please attach a resume if you have one)

Occupation _____

Employer _____