



Volunteer Application Form

Date: _____

Date available to start: _____

What position(s) or program at RFSS are you applying for? _____

Personal Information

First Name: _____ Last Name: _____

Are you over the age of 18? Y / N

If No, we will need your parent or guardian to sign the Volunteer Agreement Form.

Home Phone: _____ Cell or Other Phone: _____

Email: _____

Address (Optional): _____

City: _____ Postal Code: _____

Do you have a Driver's License? Y / N

If yes, please indicate Class: _____ Access to a vehicle: Y / N

Education

Highest level of education completed: _____

Field of study (if applicable): _____

Institution: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



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Please provide two work-related references that we may contact:

Name: _____ Phone: _____

Role: _____ Organization/ Company: _____

Name: _____ Phone: _____

Role: _____ Organization/ Company: _____

Tell us more about your skills, hobbies, interests and experiences:

What languages do you speak?

Please indicate the days and time that you are available to volunteer:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Why are you interested in volunteering with RFSS and what type of program interests you?

How did you hear about RFSS and this program? Please specify source and referral (if applicable):
