

# Freeport Community Services

## ~Volunteer Application~

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

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

**Availability:** Mornings: \_\_\_\_\_ Afternoons: \_\_\_\_\_

Evenings: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

**Skills:** Please list any of your skills, experiences, interests, and/or volunteer services which will be of special benefit to you in this volunteer position with FCS: \_\_\_\_\_

Do you require any physical accommodations that should be considered when selecting a volunteer assignment? \_\_\_\_\_ Yes \_\_\_\_\_ No Please explain:

Please list two references of past employers, volunteer directors or colleagues:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been convicted of any crimes not annulled or expunged by a court? \_\_\_\_\_ Yes \_\_\_\_\_ N  
If yes, please describe in full:

I attest that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Volunteer Start Date

**Contact:**

Debbie Daggett  
Volunteer Coordinator  
**869-1006**

\* Please see the back of this page for volunteer needs. Thank you !!