

For Administrative Use Only
 Date Received: _____
 Payment Received Yes No



Community Volunteer Application

Last Name:		First Name	
		MI :	
Current Address:			
City:		State:	
		Zip:	
E-mail:			
H - Phone:		W - Phone	
		C - Phone	

Employer:		Job Title:	
Special Training, Skills, Hobbies:			
Group/Organization Memberships:			

Prior Volunteer Service:		
List any experiences that may have prepared you to work with children with special needs:		
Why do you want to Volunteer?		
Please check the days and times you would like to volunteer:		
AM	TU <input type="checkbox"/>	W <input type="checkbox"/>
PM	TH <input type="checkbox"/>	F <input type="checkbox"/>

References: Please list three people who know you well and can attest to your character, skill and dependability. Be sure to include your current or last employer in the list.		
Name	Occupation	Phone
1.		
2.		
3.		

Signature

Date

Parent Signature:

(For individuals 18 years or younger)

Date



Community Volunteer Application

The Bell Center's insurance provider requires background checks on ALL staff and volunteers that come in direct contact with Bell Center children at any time. By providing your Social Security Number and signing below, you are confirming your permission for The Bell Center to conduct the background check. There will be a \$10 fee to run the background check. If you have a current background check from an employer another charitable organization, the fee will be waived.

Social Security Number: _____

Date of Birth: _____

Signature of Applicant: _____