



975 S. Fairmont Ave. ♦ P.O. Box 3004 ♦ Lodi, CA 95241 ♦ 209/334-3411 ♦ 209/368-3745 (fax) ♦ www.lodihealth.org

VOLUNTEER APPLICATION FORM

Name _____

Address _____ **City** _____ **Zip** _____

Day Phone _____ **Eve** _____ **Birthday** _____ **Over 18?** _____

Volunteer position/experience desired _____

Days/hours of week available

	MON	TUE	WED	THU	FRI	SAT	SUN
A.M.							
P.M.							

Are you available throughout the year? _____ **unavailable time?** _____

Name and address of person to be contacted in an emergency

Relationship _____ **Phone** _____

Occupation (of applicant) _____

Previous Work Experience

a) As a volunteer _____

b) As an employee _____

Special Training, Interests, Talents _____

Do you speak another language other than English fluently? _____

If so, what languages? _____

Community Affiliations (clubs, other organizations) _____

Have you ever been arrested or convicted for a felony or a misdemeanor? ____

If so, please explain nature of charges, when and disposition _____

Please list two references other than family

1.

(Name)

(Address)

(Phone)

2.

(Name)

(Address)

(Phone)

Signature

Date

(DO NOT WRITE BELOW THIS LINE)

Services Preferred _____

Hours and Days Available _____

Interviewed by _____ **Date** _____

Date Oriented _____