



Confidential Volunteer Application

Date Completed: _____

Contact Information

Name of Applicant _____

Address _____

(May we send correspondence to this address? Yes No

Home Phone (____) _____ Best time to Call _____ Leave a Message? Y N

Work Phone (____) _____ Best time to Call _____ Leave a Message? Y N

Cell Phone (____) _____ Best time to Call _____ Leave a Message? Y N

By providing your email address to ARE you will automatically be added to a data base that will send you email messages regarding issues of importance to the ARE community. These messages may have ARE.org as the sender. If you don't wish to receive email that will link you directly to ARE, please **Do Not** fill in the email address.

Email address _____

Date of Birth: _____ Highest education level completed _____

Sex: Male Female Trans-gender

Occupation: _____ Full time Pt-Time Retired

Current Employer: _____ Do you have a legal current drivers license? ___Y ___N

Briefly describe other volunteer work you have done:

Date(s)	Where?	Responsibilities
_____	_____	_____
_____	_____	_____

For Office Use Only

Orientation Date _____ Are of Assignment _____ Start Date _____

Comments: _____
Volunteer # _____

Is there anything special you need or expect from your volunteer experience with ARE?

Have you recently experienced a major life change (work, relationship, death of a loved one, etc.?)

Are there any limitations or commitments that would restrict your volunteer experience at ARE?

Do you have any hobbies or special interests?

How did you hear about ARE? _____

Emergency Contact Information

Name _____ **Relationship** _____

Phone # _____