

Khemo Buddy's

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security #: _____

Dates Available: _____ Times Available: _____

Driver's License #: _____ Auto Insurance Coverage: Policy # _____

Coverage information: _____

Languages Spoken: _____

Emergency contact information: Name _____ Phone # _____

Address _____ Relationship _____

Physical Limitations: _____ Criminal Convictions: Yes _____ No _____

If yes, please explain: _____

Skills and Training: _____

CPR and First Aid Training: Date of Certification _____ Date of Expiration _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

Please list three references (2 personal, 1 professional)

Personal:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Professional:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Volunteer Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

