



VOLUNTEER APPLICATION FORM

Basic Information	
<i>(If you are under 18 years of age, you will need consent from a parent or guardian)</i>	
Name:	Date of Birth:
Address:	
City, State, Zip:	
Phone:	Alternate Phone:
Email Address:	

Emergency Contact	
Name & Relationship:	Phone:

Work & Volunteer Experience (please give at least 2 examples)
Employer & Occupation (if applicable):
Retired From (if applicable):
Education Background:
Volunteer Experience:

Volunteering for Thrive

Please explain how you heard about our organization:

Please briefly explain why you are interested in volunteering for Thrive:

Please describe some of your hobbies and interests:

Please describe some of your skills:

Indicate Volunteering Areas of Interest:

- Tutoring Vocational/Interviewing Skills Weekend Social Events
- Holiday Parties Lunch with Members Church Fundraising Events
- Other _____

Indicate General Availability (can be tailored to your schedule):

Number of Days Per Week: _____ Number of Hours Per Week: _____

- Monday 9AM – 1PM 1PM – 5PM Friday 9AM – 1PM 1PM – 5PM
- Tuesday 9AM – 1PM 1PM – 5PM Saturday 9AM – 1PM 1PM – 5PM
- Wednesday 9AM – 1PM 1PM – 5PM Sunday 9AM – 1PM 1PM – 5PM
- Thursday 9AM – 1PM 1PM – 5PM

Miscellaneous Questions	
Do you have a valid driver's license?	If yes, please give license # and state:
Do you have any physical limitations we should be aware of?	If yes, please explain:
Have you ever been charged with, arrested for or convicted of a crime other than a minor traffic violation?	If yes, please explain:
Have you ever been the subject of an investigation involving an allegation of sexual abuse?	If yes, please explain.
Will you consent to a routine criminal records check? If so, please provide social security #:	

References	
Please list three references from jobs, school or volunteer positions, other than relatives:	
Name:	
Relationship:	Phone or Email:
Name:	
Relationship:	Phone or Email:
Name:	
Relationship:	Phone or Email:

Declaration

I hereby certify that the above statements are, to the best of my knowledge, true and correct. I understand that, by submitting this application, I authorize inquiries to be made concerning my employment, volunteer history, character and public records for the purpose of determining my appropriateness as a volunteer. Furthermore, I agree to respect the confidentiality of any client information I come in contact with during the course of my volunteer activities with Thrive.

Applicant Signature

Signature:

Date:

Please return this application via fax to 828-697-4492

or to 110-C Chadwick Square Court, Hendersonville NC 28739