



Volunteer/Intern Application Form

Start Date: _____

Name of Volunteer:

<small>Last Name (includes hyphenated last names)</small>	<small>First Name</small>	<small>Middle Name or Initial</small>

Present Address: _____ **Apt No.** _____

City: _____ **State:** _____ **County:** _____ **Zip Code:** _____

Email Address: _____

Home Phone: _____ **Cell Phone:** _____

Best Time to call: _____ **Volunteer at SHELTER or THRIFT STORE (circle)**

Are you 18 years of age or older Yes No

Have you ever volunteered for this organization before? Yes No

Time you are available to volunteer

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning 9AM – 1PM							
Afternoons 1PM – 5PM							
Evenings 5PM-9PM							

Special Skills / Education / Work Experience:

Areas of Interest: _____

Previous Volunteer Experience: _____

Are you certified in CPR? _____ **First Aid?** _____ **Exp. Dates** _____

What attracts you to volunteer for Betty Griffin Center?

Please list one Personal and Professional Reference:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Volunteer Signature: _____ **Date Signed:** _____