



VOLUNTEER APPLICATION

NAME _____ **TODAY'S DATE** _____

ADDRESS _____

STATE _____ **ZIP CODE** _____

HOME PHONE _____ **WORK HOME** _____

E-MAIL _____

Education (circle most recent year completed) High School 1 2 3 4 College 1 2 3 4

Other _____

Degree _____ Major _____

Previous Volunteer Experience _____

Related Employment Experience _____

AVAILABILITY (When you can volunteer: Include time of day)

Saturday/Sunday Monday Tuesday Wednesday Thursday Friday

How long will you commit yourself to volunteer service?

When can you start? _____ Do you have transportation? _____

Valid Driver's License: Yes _____ No _____ Car Insurance: Yes _____ No _____

Is your car available for transporting others: Yes _____ No _____

How did you hear about this program? _____

Do you object to any training before you start your services? Yes _____ No _____

Have you ever been convicted of a crime: Yes _____ No _____

If yes, please provide the details and the disposition: _____

REFERENCES: Please list three people who know you well and can attest to your character, skills and dependability.

Name	Relationship to You	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide throughout the selection process, including on this application for a volunteer position and in interviews with the Ageless Dreamer information that is true, correct and complete to the best of my knowledge.

Signature _____

Date _____

Thank you for wanting to be an Ageless Dreamer volunteer!

Send the filled out application to:

**Ageless Dreamer
P.O. Box 457
Dover, NH 03821-0457**