

Volunteer Application

Name _____ Date ____/____/____

Address _____

City _____ State _____ Zip Code _____

Day Phone: (____) ____-____ Evening Phone: (____) ____-____ Cell Phone: (____) ____-____

Email Address _____

Emergency contact: _____ Phone: (____) ____-____

Relationship: _____

Why do you want to volunteer for Nova Services? _____

How would you like to assist Nova Services? _____

Past Volunteer experience: (list organization/agency, position, and supervisor's name and phone) _____

Availability for volunteering: (list days and times available, also daily, weekly, biweekly, or monthly) _____

List your activities, interests and any clubs or organizations you belong to: _____

Employment history: (list most recent employer first):

Name of Employer	Supervisor	Phone

Education/Credentials:

School	Degree	Completion date

Do you have a Wisconsin drivers license? Yes No If yes, provide drivers license number _____
 Vehicle license number: _____ Make _____ Model _____

Do you have any physical limitations of medical conditions that we should be aware of? Yes No If yes please explain: _____

 Volunteer Signature

_____/_____/_____
 Date

 Volunteer Coordinator Signature

_____/_____/_____
 Date

Program assigned to: _____ Supervised by: _____ Background check completed ____/____/____