

Records - Samples

Institution/Agency _____
 Assignment Area _____
 Position Title _____
 Supervisor _____
 Employee _____
 Intern _____
 General _____

For Office Use Only

VOLUNTEER APPLICATION

Name: _____ Date _____
 (Last) (First) (Middle) Soc. Sec. No. _____ - _____ - _____

Address (St. No./Name) _____ City _____ County _____
 State _____ Zip Code _____ Home Phone _____ Business Phone _____

Age: _____
 Under 18; 18-59; 60+

Person to be Contacted in Case of Emergency or Illness:

Name _____ Relationship _____
 Address _____ Telephone No. _____

Education (Formal/Informal) (Circle Appropriate Level)
 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 GED College 1, 2, 3, 4 Graduate School

Workshops, Internships, Other Special Training:

Would You Prefer to Work Directly with Clients? Yes _____ No _____

Specify Type of Volunteer Service you Prefer: _____

Availability for Volunteer Work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do You Prefer to Work as a: Full-Time Volunteer _____ Part-Time Volunteer _____
Short-Term Volunteer _____ Special-Project Volunteer _____

(Specify Project)

Briefly List Job Experience and/or Volunteer Experience: _____

Complete the Following if Driving Will Be a Part of Volunteer Duties:

Driver's License No.: _____
Expiration Date: _____
Insurance Company: _____
Policy No.: _____

The Following Have Been Explained and Are Understood by Me:

1. Client Confidentiality
2. Client Rights
3. General Volunteer Guidelines
4. Liability
5. Tax Guidelines

Date

Signature

TO BE USED FOR VOLUNTEERS UNDER 18 YEARS OF AGE:

I hereby give permission for my child/ward to be a volunteer worker at this agency/institution.

Date

Signature of Parent/Guardian

R.S.V.P. RECORD SHEET
(For Volunteers 60 years of age and over ONLY)

Agency _____

Record for the week of _____

Month of _____

Name of Volunteer	Totals	Number of Hours Worked							Wishes		Transportation			Signature Of Volunteers		
		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Reimbursement	Bus	Cab	Car Mileage	Parking		Meals	
									Yes	No						
██████████																
-5																
12																
-14																

Signature of Supervisor at Volunteer Station _____

Reimbursement Authorized Signature R.S.V.P. Director _____

PLEASE enter TOTAL amount of bus fare for the week. Simply check if used cab. We do not reimburse for cab fare. Cab is to be ordered by R.S.V.P. 282-4942 (unless the volunteer has been issued cab tickets.) Enter TOTAL car mileage for week, TOTAL parking and the total number of meals and cost. Record Sheets must be mailed to R.S.V.P., 700 Sixth Ave., 50309 on the LAST DAY OF EACH MONTH. Please have volunteer sign once a week to verify record. Have Supervisor sign to certify hours of service. Please leave total column blank. R.S.V.P. will total.