



SPENSER'S HEART CHILDREN'S CHARITY VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone No. (Home) _____ (Cell) _____

E-mail: _____

Languages spoken: _____

Education: _____

Employment: _____

Do you have any previous experiences as a volunteer? If so, with what organizations and what kind of work did you do? _____

What clubs, organizations or associations are you involved with? _____

What life experiences have you had that might be useful to you in working with our organization? _____

What would you say are your strengths? What are your weaknesses? _____

What is your main reason for wanting to volunteer with our organization? _____

On average, how many hours could you commit each week? Are there any days/time slots that you prefer to volunteer? _____

Are you willing to make a one year commitment? _____

A security check is required for all volunteers with our agency. This involves a check of police records. Would you be willing to have a security check completed? _____

Please provide three references and contact information that we can speak to regarding your volunteer request.

Is there any other information that you would like to provide? _____

Please attach additional sheets if necessary.

Thank you for your interest in Spenser's Heart Children's Charity.