



Volunteer Application

We consider applicants for all positions without regard to sex, race, ancestry, color, religion, creed, gender, national origin, citizenship, age, pregnancy, sexual orientation, gender identity, physical or mental disability, handicap, marital, military or veteran status, genetic information, or any other protected classification in accordance with federal, state or local law.
(PLEASE PRINT)

Today's Date: _____ Volunteer Position: _____

Name in Full: _____
First Middle Last

Address: _____
Street Town State Zip

Telephone: _____ E-mail: _____

Are you 18 years of age or older? Yes No

Have you ever volunteered with us before? Yes No
If Yes, give position and dates:

Are you fully vaccinated against COVID-19? Yes No

If no, have you received the first dose of the COVID -19 vaccine? Yes No Do not plan to be vaccinated

What experience do you have for the volunteer position you are interested in: _____

What days are you available? _____ What date would you be available to start? _____

AN EQUAL OPPORTUNITY EMPLOYER

References (if applicable)

1.Name: _____

Address: _____ Phone: _____

Reason this person is a reference: _____

2.Name: _____

Address: _____ Phone: _____

Reason this person is a reference: _____

Please note that The Connection screens all potential volunteers on the National Sex Offender Public Registry. By completing this form, you are submitting to such an inquiry.

Signature: _____ Date: _____