

Augsburg Village—Volunteer Application Form

Name: _____ Date of Application _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: (Home): _____ (Cell): _____

Email: _____

Birth-date: _____ Social Security No. _____

Church: _____ Church Address: _____

Emergency Contact: If you are volunteering and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Phone (Home): _____ (Work/Cell): _____

Have you ever been convicted of a crime for an offense that would raise a question as to your fitness to volunteer at Augsburg? Yes _____ No _____

Work Experience: Please list your employment experience, starting with the most recent: (use separate sheet if necessary)

Employer: _____ Date of Employment: _____

Position/Job Duties: _____

Employer: _____ Date of Employment: _____

Position/ Job Duties: _____

Volunteer Experience: (Use separate sheet if necessary)

Organization: _____ Volunteer Dates: _____

Assignment/Duties: _____

Hobbies, Skills, Special Interest: _____

Educational Background

High School: _____

Post High School (please specify): _____

Relevant Training/Workshops: _____

Personal References (Other than Family)

| | | | |
|--------|--------------|---------------|----------------|
| (Name) | (Occupation) | (Years Known) | (Phone Number) |
|--------|--------------|---------------|----------------|

| | | | |
|--------|--------------|---------------|----------------|
| (Name) | (Occupation) | (Years Known) | (Phone Number) |
|--------|--------------|---------------|----------------|

How did you become interested in volunteering at Augsburg? _____

Date available to start? _____

Preferred day(s) and time of week? _____

Please Check Which Volunteer Positions Would Interest You Most?

- | | | |
|--|---|---|
| <input type="checkbox"/> Escort | <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Poetry and Education |
| <input type="checkbox"/> Gift Shop Clerk | <input type="checkbox"/> Art Class Assistant | <input type="checkbox"/> Quilter |
| <input type="checkbox"/> Beauty Shop Visitor | <input type="checkbox"/> Night of Games Assistant | <input type="checkbox"/> Relief Receptionist |
| <input type="checkbox"/> Clothing Shop Volunteer | <input type="checkbox"/> Clerical Assistant | <input type="checkbox"/> Bingo Caller |
| <input type="checkbox"/> Pianist/Organist | <input type="checkbox"/> Other Musician (guitar, etc) | <input type="checkbox"/> Biographer |
| <input type="checkbox"/> Other _____ | | |

Signature: _____

Date _____

Office Use:

- ___ Application Received
- ___ HIPAA Form
- ___ Sign-In Form
- ___ Name Badge
- ___ Wheel Chair Training

- ___ Volunteer Handbook/Agreement
- ___ Birthday List
- ___ Data Base
- ___ Background Check
- ___ References