



VOLUNTEER APPLICATION FORM

Date: _____

Name: _____ Phone: _____

Address: _____ City: _____

Zip: _____ Email: _____

Date of Birth: _____

ETHNICITY: African-American Asian Caucasian Hispanic Native American

Have you ever been convicted of a crime/felony? _____

If yes, when & for what: _____

How you heard about Schurig Center/Referred By: _____

Time available for volunteering: _____

Reasons you would like to volunteer at Schurig Center: _____

Special interests and skills you might like to share at Schurig Center: _____

Experience you have that would help you in your work at Schurig Center: _____

Do you have a medical or physical condition that might affect your work Schurig Center? _____

If yes, please describe: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

PERSONAL/WORK REFERENCE

Name: _____ Phone: _____

Relationship: _____

Feel free to share any other relevant information about yourself below: