



VOLUNTEER APPLICATION

PERSONAL DATA

Name:	
Address:	
City, State, Zip Code:	
Phone:	Email:

EDUCATION

High School:	Degree:
College:	Degree:
Graduate Study:	Degree:

Position:

Please list your past work experience (places, dates, positions held):

Please list any special skills, hobbies or training (languages, computer skills, etc.):

Check all categories you have had experience working with:

- Elementary school children
- Middle school children
- Teenagers
- Children or adults with special needs
- Adults
- Seniors
- English as a second language

What interests you about volunteering at the ICA?

Are you looking for a short or a long term volunteer commitment?

EMERGENCY/MEDICAL

Please list any medical requirements and/or allergies:

Emergency Contact Person

Name:

Relation:

Phone:

REFERENCES

Please give the name, address, and phone or email for two references (non-family) we may contact:

Are you a member of the ICA?

How did you learn about volunteer opportunities at the ICA?

Availability

Please indicate when you would most likely be available to volunteer

	Weekdays	Weekends
Mornings		
Afternoons		
Evenings		