

MEND VOLUNTEER APPLICATION

Date: _____ I.D. # _____

NAME _____

ADREESS, City, State, Zip _____

Day Phone _____ Cell _____

Date of Birth _____ E-Mail _____

Name of Current Employer(s) OR Retired Form _____

How did you hear about MEND? _____

When are you available to volunteer? _____

Have you ever been convicted of a felony/Misdemeanor: Yes ____NO____ (or Have you ever been convicted of a crime?)

If yes, describe each in full: _____

Please list of minimum of two References (Please list complete name and phone number)

Reference should have known you for at least 6 months, not be relatives or live in the same household.

If you have volunteered for MEND in the past, list the programs/committees you worked on.

_____ What year? _____

IMPORTANT INFORMATION!!

Emergency contact: WK Ph Hm Ph Cell

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Physician's name and telephone:

Insurance Company: _____

For office use only

Volunteer Name _____ Date _____

Referred to: _____ Contact: _____

- Volunteer stayed
- Volunteer didn't show
- Volunteer referred back to Volunteer Services Director
- Other (Specify) _____

Top copy: MEND Administration office Middle copy: MEND Supervisor Bottom copy: Volunteer Services Director