

TYPE _____
 START _____
 SCHEDULE _____
 ORIENTATION _____
 BCII _____
 LEVEL _____

ACCESS # _____
 SITE _____
 POSITION _____
 SUPERVISOR _____
 DATES _____

**WOOD LANE
VOLUNTEER APPLICATION FORM**

Thank you for your interest in serving as a volunteer with Wood Lane. Please complete this volunteer application form in its entirety. (Wood Lane staff complete Sections I, II, VIII and IX). The information you provide will be considered confidential.

SECTION I

Name: _____ Social Security #: _____ Date: _____

Address/Apt #: _____

City: _____ State: _____ Zip _____

Telephone (home): _____ (cell): _____ Email: _____

Birth date: _____

SECTION II

Placement preferences (if known): _____

Use boxes below to indicate **specific** times during the morning, afternoon and evening for each day that you are available

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

Available (circle all that apply): **Fall** **Winter** **Spring** **Summer**

List your interests, activities and special skills:

Do you have a car? **Yes** **No**

SECTION III

Applicant currently is or has:

been convicted of a traffic violation **Yes** **No** been convicted of a felony **Yes** **No**
 been a litigant in a lawsuit **Yes** **No** physical conditions which would impact placement **Yes** **No**

Please explain "Yes" responses: _____

SECTION IV for public school students (give school and year only) or university students fulfilling course requirements:

School: _____ Major: _____ Year in school _____

Course Name/Number: _____ Instructor _____ Number of hours required _____

Course Name/Number: _____ Instructor _____ Number of hours required _____

SECTION V

Volunteer experience or employment relating to volunteer placement with Wood Lane

Site	Dates	Position held
	to	
	to	
	to	

SECTION VI

Education (Circle Year Completed): Grade: 7 8 9 10 11 12 College: 1 2 3 4 Grad Major: _____

SECTION VII

References (to be completed by volunteers requesting placement as a community friend or other level IV volunteer placement)

1. Employer, teacher, minister or other professional:

Name: _____ Relationship: _____

Address/City/State/Zip _____

Phone: _____

2. Personal reference:

Name: _____ Relationship: _____

Address/City/State/Zip _____

Phone: _____

SECTION VIII

In case of an emergency, notify:

Name: _____ Relationship: _____

Address/City/State/Zip: _____

Phones numbers of emergency contact : home _____ work _____ cell _____

Do you have any comments or questions? _____

SECTION IX

I certify that the facts in this application are true and accurate to the best of my knowledge and I authorize investigation of all statements contained herein and contact with the references listed above to provide Wood Lane with all appropriate information. I understand I may be transported in Wood County Board of MR/DD-owned vehicles to and from activities in the course of my volunteer work. I also understand it is my responsibility to inform the Volunteer Coordinator of any changes in information which I have provided on this application. Wood Lane **_may_** **_may not_** use my name during National Volunteer Week for recognition purposes.

Signature

Date

If minor, parent/guardian's signature

Date