

Do you speak other languages? (Please list): _____

Do you have any physical or personal factors that we need to consider with your volunteer assignment? No ___ Yes ___ Please explain: _____

Is this a school requirement? YES NO # of Hours _____ to be completed by: ___/___/___
School Name: _____ Teacher: _____ Class: _____

Have you ever been convicted of any crime (other than a minor traffic offense)? No ___ Yes ___

For Court-Ordered Community Service ONLY:

Is this court-ordered work? YES NO # of hours _____ per month _____ Total hours _____

Please Check Court: ___Traffic ___City Court ___IPS ___JIPS ___Regular ___Diversion

Probation Officer: _____ Phone: _____

If yes, please explain the nature of the conviction, date, sentence and other facts or circumstances that we would need to know:

Person to notify in the event of a personal emergency:

Name Relationship

Phone: Home _____ Work _____ Cell _____

I certify that the information provided above is accurate. I understand I have the right to terminate my volunteer status at any time, for any reason or no reason; and World Care has the right to terminate my volunteer status at any time, for any or no reason.

Signature

Date

Volunteer Coordinator

Date

Application received on: ___/___/___ Reviewed by: _____

Administration signature approval _____

