

**VOLUNTEER
APPLICATION**

LifeSpan, Inc.
1900 Fairgrove Avenue
Hamilton, OH 45011
513-868-3210



TODAY'S DATE _____

NAME: _____ SSN: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS(ES) (past 10 years): _____

HOME PHONE: _____ WORK: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

COUNTY OF RESIDENCE: _____ DL# _____ EXPIRES _____

LEVEL OF EDUCATION _____

LANGUAGES SPOKEN OTHER THAN ENGLISH _____

HOBBIES, INTERESTS, SKILLS _____

LIST TWO REFERENCES OTHER THAN FAMILY MEMBERS WHOM WE MIGHT CONTACT:

NAME _____ PHONE NO. _____

ADDRESS _____ CITY/STATE/ZIP _____

NO. OF YEARS KNOWN _____ RELATIONSHIP _____

NAME _____ PHONE NO. _____

ADDRESS _____ CITY/STATE/ZIP _____

NO. OF YEARS KNOWN _____ RELATIONSHIP _____

DESCRIBE ANY ACCOMMODATIONS YOU WILL NEED OR ANY RESTRICTIONS THAT MIGHT KEEP YOU FROM DOING CERTAIN TASKS:

CIRCLE THE DAYS AND TIMES YOU ARE AVAILABLE:

MON	TUES	WED	THURS	FRI
9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:30
1:30-5:00	1:30-5:00	1:30-5:00	1:30-5:00	1:30-5:00

PREVIOUS/PRESENT VOLUNTEER SERVICE:

NAME OF ORGANIZATION: _____ PHONE NO: _____

ADDRESS: _____ CONTACT PERSON: _____

JOB DUTIES: _____

COMPLETE THE FOLLOWING IF YOU ARE CURRENTLY EMPLOYED:

JOB TITLE: _____ CO. NAME _____

SUPERVISOR: _____

JOB DUTIES _____

IN CASE OF EMERGENCY, NOTIFY

RELATIONSHIP _____ PHONE NO. _____

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that any misstatement of fact may result in termination. All statements made on this application, including employment information, are subject to verification as a condition of volunteer services. I hereby give my permission for you to verify any information included in this application.

Signature: _____ Date: _____