# Volunteer Application Form

## Section 1: Personal Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 2: Availability

Days Available (check all that apply):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ☐ Monday | ☐ Tuesday | ☐ Wednesday | ☐ Thursday | ☐ Friday | ☐ Saturday | ☐ Sunday |

Hours Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date Availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 3: Volunteer Interests

☐ Event Planning

☐ Social Media Management

☐ Community Outreach

☐ Fundraising

☐ Administrative Support

☐ Education & Training

☐ IT and website

☐ Other (please specify):

## Section 4: Skills and Experience

Relevant Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Certifications or Licenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 5: Educational Background

☐ High School

☐ Associate Degree

☐ Bachelor’s Degree

☐ Master’s Degree

☐ Doctorate

☐ Other (please specify):

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 6: References

Reference 1:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 2:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 7: Background Checks

Criminal Background Check:

Have you ever been convicted of a criminal offense?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Screening:

Are you willing to undergo a drug screening as part of the application process?

☐ Yes ☐ No

## Section 8: Emergency Contact Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 9: Additional Information

Why do you want to volunteer with the Responsible Drug Learning Association? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional information you would like to provide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 10: Agreement and Signature

I agree to adhere to the policies and procedures of the Responsible Drug Learning Association. I understand that I am a representative of the organization and will conduct myself accordingly. I also consent to a criminal background check and drug screening as part of the volunteer application process.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_