

Volunteer Application Form

Date: _____

Contact Information

Last Name: _____ First Name: _____

Birth Date: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Are you a student? _____ If yes, what school do you attend? _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Volunteer Availability (Check all that apply.)

Weekdays 10:00am – 12:00pm 1:00pm – 3:00pm 3:00pm – 4:30pm 6:00pm – 7:30pm (AL only)

Saturdays 10:00am – 12:00pm 1:00pm – 4:00pm

Sundays 10:00am – 12:00pm 1:00pm – 4:00pm

List your special hobbies, skills and talents: _____

What types of activities would you like to do during your volunteer hours at Ave Maria? _____

What is your interest/reason for volunteer services at Ave Maria?

School Requirement: _____ If yes, how many volunteer hours are required? _____

Personal reasons: _____ If yes, please explain. _____

Do you work? _____ If yes, what is your occupation? _____

