

Volunteer Application Form

1. Personal Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Postal Code: _____ Home Phone: _____

E-mail: _____ Other Phone: _____

Why do you want to Volunteer with Western Fair District: _____

Age group:

15 – 25 26 – 40 56 – 70 40 – 55 71 - +

2. Emergency Information

Allergies: (please list) _____

Who do we contact in an emergency: Name (first & last) _____

Home phone: _____ Other phone: _____

Relationship: _____

3. References:

Please list 2 references with name, contact phone number and relationship.

1) Name: _____ Phone: _____

Relationship: _____

2) Name: _____ Phone: _____

Relationship: _____

Please list 2 past volunteer experience with contact information.

1) Organization: _____ Phone: _____ Contact: _____

What did you do there: _____

2) Organization: _____ Phone: _____ Contact: _____

What did you do there: _____

4. Availability:

Please check all that apply:

___ Mornings ___ Afternoon ___ Evenings ___ All Day ___ Week-days ___ Week-ends

How many hours per week could you be available? _____

5. Skills

In which situations do you feel the most comfortable?

Check all that apply:

- | | |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Greeting the public | <input type="checkbox"/> Taking surveys |
| <input type="checkbox"/> Office help | <input type="checkbox"/> Working with children |
| <input type="checkbox"/> Working with animals | <input type="checkbox"/> Telephone calls |
| <input type="checkbox"/> Setting up displays | <input type="checkbox"/> Coat Checks |

Do any of these skills apply to you? Check all that apply.

- | | |
|------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Tractor driving | Foreign language _____ |
- Others Skills: Please list _____

Do you prefer to:

- | | | | |
|------------------------------|--------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stand | <input type="checkbox"/> Walk | <input type="checkbox"/> Be active |
|------------------------------|--------------------------------|-------------------------------|------------------------------------|

Education:

___ High School ___ College ___ University ___ Other (please list below)

Please answer the following questions:

My skills and/or interest are:

- 1) _____
- 2) _____

All contacts listed on this application will be contacted. All Volunteers are subject to a Police background check.

Applicants signature

Date