

Orion Communities

Volunteer Application

Name: _____ Date: _____
Address: _____ Home Phone: _____
City: _____ State: ____ Zip: _____ Cell Phone: _____
Email: _____ Work Phone: _____
Social Security/Driver's License #: _____ Date of Birth: _____
In Case of Emergency Contact:
Name: _____ Phone: _____ Relationship: _____

Do you speak any other language fluently, or do you know sign language?

AVAILABILITY & INTEREST

Days of the Week & Times Available: _____

Number of Hours You Would Like to Volunteer at Orion: _____

Beginning/End Dates You Would Like to Volunteer at Orion: _____

What kind of work would you like to do for Orion? *(Please circle as many as apply, and/or write in your own idea.)*

Fundraising Grant Writing Office Work Mailings Social Work/Case Management

Other: _____

How did you learn about the work that Orion does for the community?

Why would you like to volunteer for Orion?

What do you hope to gain from your volunteer experience at Orion?
(You may include special skills and/or knowledge that you hope to gain.)

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REFERENCES

Name	Relationship	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND

Do you have any health conditions that would limit your participation in certain activities? ___ Yes ___ No
If yes, please explain limitations and/or activity restrictions. *Health limitations do not disqualify a volunteer. This information helps us to make any necessary accommodations.*

Have you ever been convicted for law violations (including traffic violations): ___ Yes ___ No
If yes, please explain (include date, charge and sentence).

SIGNATURE

My signature below confirms that all the information in this application is true, complete and correct to the best of my knowledge and belief. I understand that these statements are subject to verification. I understand that falsification of this information may disqualify me from consideration or result in dismissal upon discovery.

Signature: _____ Date: _____

If you are interested in volunteering with Orion by doing social work/case management, please complete the supplement to this application. Thank you.

ORION PROGRAM USE:

Reference Checks:

Criminal Background Check: _____