



Victory Living Programs, Inc.
Application for Volunteers
(Please Print)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: () _____ Work phone: () _____ Cell: () _____

Have you ever been convicted of a felony: Yes: _____ No: _____

If yes, please explain: _____

Are you a student? Yes: _____

What school do you attend? _____

What grade or year are you in? _____

Have you done volunteer work at another nonprofit? Yes: _____ No: _____

If yes, where and what did you do?

What type of work would you like to do here?

List any hobbies or interests:

What skills, training, or knowledge do you wish to utilize here?

What do you want to volunteer here?

Where / how did you hear about our agency?

When are you available to volunteer and for how long?

Time of date

day(s) of week

How often per week/month

If you have a disability, what accommodations would you need to do this volunteer position?
What training, resources or support do you anticipate needing to do this volunteer work?

Please provide 3 personal or professional references (can not be family members)

Name:

Phone #

personal or professional relationship

1.

2.

3.

I hereby attest that the above information is true to the best of my knowledge:

Signature

Date:
