



# VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Volunteer / Board / Committee Position Applying For \_\_\_\_\_

\_\_\_\_\_

Red ID # \_\_\_\_\_ E-mail Address \_\_\_\_\_

## PREVIOUS RELATED EXPERIENCE (MOST RECENT)

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Describe previous work / volunteer experience \_\_\_\_\_

\_\_\_\_\_

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Describe previous work / volunteer experience \_\_\_\_\_

\_\_\_\_\_

### SCHEDULE (Please check days available)

Monday	Hours available: _____	Thursday	Hours Available: _____
Tuesday	Hours available: _____	Friday	Hours Available: _____
Wednesday	Hours available: _____	Saturday	Hours Available: _____
		Sunday	Hours Available: _____

The above information is set forth to the best of my knowledge and belief. I understand that false or misleading information given on this application may result in my not being considered for a volunteer position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

What date would you be available to start? \_\_\_\_\_

No. of hours available per week \_\_\_\_\_

Are you an SDSU student? Yes No

Are you currently employed by Associated Students? Yes No

If yes, Dept. / Position \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for Associated Students? Yes No

If yes, Dept. / Position \_\_\_\_\_

\_\_\_\_\_

**This area is to be completed by staff only.**  
**Note: Supervisor, please ensure volunteer submits a Confidential Statistical Data Sheet with this form.**

Date Filed \_\_\_\_\_

### PAYROLL INFORMATION

Start Date \_\_\_\_\_ Occupation Code \_\_\_\_\_

Dept. Name \_\_\_\_\_

Home Locator # \_\_\_\_\_ Extra Locator # \_\_\_\_\_

New Volunteer:  Yes  No

Title / Position \_\_\_\_\_

Supervisor Name (print) \_\_\_\_\_

### IF DRIVING FOR BUSINESS

CDL# \_\_\_\_\_

Date of Birth \_\_\_\_\_

### APPROVAL SIGNATURES

Supervisor \_\_\_\_\_

Dept. Approval \_\_\_\_\_