



# VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY

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

Local Address \_\_\_\_\_

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

Permanent Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

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

\_\_\_\_\_

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

Individual to contact in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

## PREVIOUS JOB RELATED WORK EXPERIENCE (MOST RECENT)

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

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

Immediate Supervisor \_\_\_\_\_ Type of Work \_\_\_\_\_  
(Person to Contact)

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

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

Immediate Supervisor \_\_\_\_\_ Type of Work \_\_\_\_\_  
(Person to Contact)

Reason for Leaving \_\_\_\_\_

### SCHEDULE (Please check days available)

- |                                    |                        |                                   |                        |
|------------------------------------|------------------------|-----------------------------------|------------------------|
| <input type="checkbox"/> Monday    | Hours available: _____ | <input type="checkbox"/> Thursday | Hours available: _____ |
| <input type="checkbox"/> Tuesday   | Hours available: _____ | <input type="checkbox"/> Friday   | Hours available: _____ |
| <input type="checkbox"/> Wednesday | Hours available: _____ | <input type="checkbox"/> Saturday | Hours available: _____ |
|                                    |                        | <input type="checkbox"/> 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 \_\_\_\_\_

Dates \_\_\_\_\_  Full-Time  Part-Time

Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Medical conditions that would prevent you from performing assigned duties \_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_