



VOLUNTEER APPLICATION

Thank you for offering your time and talent as a volunteer. Please complete the following information so that your volunteer status may be determined.

Full Name: _____ Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Street Address: _____

Home Phone: _____ Work Phone: _____ City _____ State _____ Zip Code _____ Cell Phone: _____

Occupation: _____ Employer: _____

Marital Status: _____ Spouse's Name: _____

BK Student Names: _____

Other Children's Names and Ages: _____

I request permission to drive students*. I will not drive students.

DL # _____

***Attached is a copy of my driver's license, current auto insurance card and a completed Volunteer Driver Information Sheet.**

Current Memberships: (Religious, Professional, Community, etc.) _____

Previous Experience Related to the Above Service: _____

Signature of Applicant: _____ **Date:** _____

BK OFFICE USE ONLY	<input type="checkbox"/> references on file (3)	Date _____
	<input type="checkbox"/> background check cleared	Date _____
	<input type="checkbox"/> driver's license/proof of insurance OK	Date _____
	<input type="checkbox"/> Protecting God's Children class (attach proof of attendance) Place _____	Date _____
	<input type="checkbox"/> Entered online	Date _____

Principal's Interview Completed: _____ Date _____