



# Student Volunteer Application

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

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous Participation in Volunteer Activities: \_\_\_\_\_

Personal Interests/Hobbies: \_\_\_\_\_

Personal attributes that would contribute to your ability to provide support to a person with a developmental disability: \_\_\_\_\_

Are there certain extracurricular/community activities for which you particularly enjoy providing support? \_\_\_\_\_

Please check the days and indicate the time that you are available:

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

For Office Use Only:	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Thank You	<input type="checkbox"/> _____
	Match #: _____		

What are you hoping to learn from this volunteer experience? \_\_\_\_\_

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Please share with us any information about yourself or your experiences that may be helpful: \_\_\_\_\_

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Please provide two unrelated references that we may contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**For Office Use Only**

Relationship with the volunteer:

Relationship with the volunteer:

How long have you known the volunteer?

How long have you known the volunteer?

List characteristics of the volunteer  
(e.g.: responsible, reliable, etc.):

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Do you have any knowledge of the  
volunteer's experience working with  
children? Please explain.

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Please return to: Doreen Blankenbush, 29 Pinon Drive, West Henrietta, NY 14586. Questions: 585-727-0585