



## Availability

Please indicate the days and times you are available during the week.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

## Education and Employment

Name of School \_\_\_\_\_ Major \_\_\_\_\_

Are you currently in school? If so, what year? \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Job Description: \_\_\_\_\_

Applicable educational/professional experience: \_\_\_\_\_

## Medical

Proof of recent T.B. Clearance? (Required) Yes\_\_\_ No\_\_\_ Date\_\_\_\_\_

Do you have any medical conditions or disability that would impact your ability to perform your volunteer tasks? Y/N. If yes, please explain: \_\_\_\_\_

## Emergency Contact Information

Name:	Relationship:
Home Phone: ( )	Cell Phone: ( )
Name:	Relationship:
Home Phone: ( )	Cell Phone: ( )

## Additional Information:

Have you ever been convicted of a misdemeanor or felony? Yes\_\_\_ No\_\_\_ (This will not necessarily prevent you from becoming a volunteer.)

If yes, please explain: \_\_\_\_\_

What would you like to gain from your Volunteer experience at Acacia?

\_\_\_\_\_  
\_\_\_\_\_

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