



THE LEAGUE Volunteer Application

We are so glad you are here!

Volunteers play such a vital role in our team here at The League. They empower our mission and further our ability to impact the people we serve. All volunteer applications are reviewed with consideration for current volunteer positions. We also keep them on file for potential openings in future opportunities.

The information you provide will be stored in confidence, and your completed form will be held confidentially, accessed only by authorized personnel.

CONTACT & PERSONAL INFORMATION:

First & Last Name	
Street Address	
City, State, Zip Code	
Phone Number (daytime)	
Cell Phone	
Email	
Date of Birth	
Driver's License or ID #	
Auto Insurance Carrier <i>(If volunteering as a driver)</i>	

EMERGENCY CONTACT:

Provide name and contact information for the person we should contact in case of emergency:

First & Last Name	
Best Phone Number	
Relationship	

EMPLOYER INFORMATION:

1. Are you currently employed or working? YES NO
2. If yes, who is your current employer? _____
3. What is your current occupation? _____
4. Does your current employer have a volunteer benefit? YES NO
5. If yes, would you like to claim your volunteer hours at The League? YES NO

GENERAL INFORMATION:

1. Are you seeking an internship opportunity? YES NO
2. If yes, for which school or university? _____
3. Are you working with a workforce training program? YES NO
4. If yes, what organization are you working with? _____
5. Do you have a minimum required hours for participation? YES NO

SPECIAL SKILLS OR QUALIFICATIONS:

Summarize any special skills or qualifications you may have acquired from work experience, volunteer experience, extracurricular activities (hobbies, sports, etc), or personal qualities you'd like to share.

PREVIOUS VOLUNTEER EXPERIENCE:

Please summarize previous volunteer experience you've had and with what agency/organization.

REFERENCES:

Provide 3 to 4 personal and professional references in the space below. Information needed: Name, phone number, email (if available), and indicate how you know this person and how long you have known them for.



RETURN COMPLETE APPLICATIONS TO:
 The League
 5821 South Anthony Blvd.
 Fort Wayne, Indiana 46816
 Email: the-league@the-league.org

VOLUNTEER INTERESTS (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Front Desk Reception
<input type="checkbox"/> Community Outreach/Education
<input type="checkbox"/> Peer Support Group Driver
<input type="checkbox"/> Survey Caller
<input type="checkbox"/> Camper Buddy Program
<input type="checkbox"/> Internship / Skills Training
<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> General Office Support
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Special Events / Fundraiser Events
<input type="checkbox"/> Special Projects / Annual Mailings
<input type="checkbox"/> Research (Grants, Public Resources, etc.)
<input type="checkbox"/> Building / Maintenance / Landscape
<input type="checkbox"/> Working Committee / Task Force |
|--|---|

AVAILABILITY:

Weedays (circle all that apply)	MON ^{AM} / _{PM}	TUES ^{AM} / _{PM}	WED ^{AM} / _{PM}	THUR ^{AM} / _{PM}	FRI ^{AM} / _{PM}
Weekends (circle all that apply)	SATURDAY ^{AM} / _{PM}		SUNDAY ^{AM} / _{PM}		
Seasonal	SPRING	SUMMER	FALL	WINTER	
Other (please describe)					

By submitting this application, I affirm that the facts set forth in it are true and complete. I will be asked to sign a confidentiality agreement and agree not to divulge information that I may acquire regarding consumers, donors, or other proprietary information of The League. I also understand that I may be asked to submit to a limited criminal history background check. If my volunteer position requires travel in any capacity on behalf of The League, I agree to maintain a current, valid driver's license and current vehicle insurance. I understand that all information on this application is confidential and will not be released without my consent.

I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this applicaiton may result in my immediate dismissal.

*Note, if volunteer is under age 18, a Parent or Guardian's signature is required below.

NAME (PRINTED) **NAME (Parent or Guardian if under 18)** **DATE**

SIGNATURE **SIGNATURE (Parent or Guardian if under 18)**