

Date: _____

ROC-Star VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _ (_____) _____ Work phone: _ (_____) _____

- Have you been convicted of a felony within the past five years? _____ Yes _____ No

If yes, please explain: _____

- List any hobbies or interests: _____
- What skills, training, or knowledge do you wish to utilize here? _____

- Why do you want to volunteer here? _____

- When are you available to volunteer and for how long? _____

In case of emergency, please contact:

Name: _____

Phone: (W) (_____) _____ (H) (_____) _____ (C) (_____) _____

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions):
