

**VOLUNTEERS IN PARTNERSHIP PROGRAM
APPLICATION**

FULL NAME:	NAME YOU'D LIKE TO BE CALLED:
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HOME ADDRESS:

CITY:	STATE:	ZIP:
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YRS. LIVED AT ABOVE ADDRESS:	PREVIOUS ADDRESS:
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HOME PHONE: ()	CELL PHONE:
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PAGER:	EMAIL ADDRESS:
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AGE:	RACE:	SEX:	BIRTH DATE:
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MARRIED? (Y OR N)	SPOUSE'S NAME:
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SOCIAL SECURITY #:	DRIVER'S LICENSE (STATE & #)	PLACE OF BIRTH:
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MOST RECENT OCCUPATION:	SKILLS (i.e. FOREIGN LANGUAGE, TYPING, COMPUTER, BOOKKEEPING, ETC.):
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DATE OF LAST EMPLOYMENT _____ TO _____	EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER:	POSITION HELD:
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DATE OF PREVIOUS EMPLOYMENT _____ TO _____	EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER:	POSITION HELD:
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ARE YOU RETIRED? (Y OR N)	WHEN ARE YOU MOST AVAILABLE TO VOLUNTEER? (CIRCLE) S M T W T F S, DAYS, EVENINGS, NOT SURE
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LIST ANY PREVIOUS VOLUNTEER WORK, CONTACT NAME AND TELEPHONE NUMBER:

HOW DID YOU LEARN ABOUT THIS PROGRAM?

LIST MEMBERSHIPS AND OFFICES HELD IN CHURCH/CIVIC/PROFESSIONAL ORGANIZATIONS: _____

EDUCATION (CIRCLE HIGHEST COMPLETED):
HIGH SCHOOL/GED COLLEGE POST GRADUATE OTHER (SPECIFY)

HAVE YOU, OR ANY IMMEDIATE MEMBER OF YOUR FAMILY BEEN CONVICTED OF A FELONY: (Y OR N) CHARGE:

APPLICANT'S SIGNATURE:	DATE:
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