



# VOLUNTEER APPLICATION

MUST BE 16 YEARS OLD TO VOLUNTEER

**LEGAL NAME:**

(Last)

(First)

(Full Middle Name)

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

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

**Are you at least 18 years of age?**  Yes  No

(Volunteers under 18 years of age will need this application signed by their parent or guardian).

Place of employment: \_\_\_\_\_

Previous volunteer experience? Yes  No  If so, where?

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

**AVAILABILITY & VOLUNTEER ASSIGNMENT PREFERENCES:**

Please check all that are applicable.

**Mornings (M-F)**

**Afternoons (M-F)**

**Recreation**

**Thursday Night Activities**

**Lunch Hour Help (11:30a-12:30p)**

\_\_ Tuesday Bowling; 1p-3p

\_\_ Volleyball; 4p-5:30p

\_\_ Tuesday Fishing; 9a-11a

\_\_ Flag Football; 4p-5:30p

\_\_ Wednesday Swimming; 1p-2:30p

\_\_ Basketball; 4p-7p

\_\_ Softball; 5:30p-7:30p

Any special talents or skills you have that you feel would benefit our organization?

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

Upon receipt of your application and background check, our volunteer manager will contact you. If you have any questions, please contact Angie Plutchak at (920) 593-4348 or [aplutchak@aspiroinc.org](mailto:aplutchak@aspiroinc.org).

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

Parent's Signature (if under 18): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_