

Name: \_\_\_\_\_\_ E-mail: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_ Birth Month/Day/Year: \_\_\_\_\_ Current employer/school: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Adult References (no relatives): Name: \_\_\_\_\_ Phone #: \_\_\_\_ E-mail: \_\_\_\_ Name: Phone #: E-mail: Have you ever been convicted, been given probation or deferred adjudication in lieu of sentencing, pled no contest for any offense other than minor traffic violations or are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trail, deferred adjudication or dropping of the charge?) Yes\_\_\_\_ No \_\_\_\_ Previous work and/or volunteer experience: \_\_\_\_\_ Foreign language(s) spoken: \_\_\_\_\_ How did you find out about our volunteer program? \_\_\_\_\_\_ Special education, training, skills and interests: \_\_\_\_\_ Reason for volunteering: \_\_\_\_\_ Type of service that interests you: Patient Area: \_\_\_ Guests Services: \_\_\_ Clerical: \_\_\_ Please check the times you would be available for volunteer assignments: Sunday: \_\_\_ Monday: \_\_\_ Tuesday: \_\_\_ Wednesday: \_\_\_ Thursday: \_\_\_ Friday: \_\_\_ Saturday: \_\_\_ Hours preferred (may vary): Morning (9:30-12): \_\_\_\_ Afternoon: \_\_\_\_ (12-3) Evening: \_\_\_\_ (4-6pm) Once accepted into the volunteer program, I agree to give regular and dependable service to The Legacy. I understand that eligible students must be 14 years old by January 1 of the year they volunteer and may be required to be accompanied by an adult.