



# Volunteer Application Form

---

Name

---

Phone Number

---

Date of Birth (Optional)

---

Home Address

---

City, State

---

Zip

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

---

What are your reasons for wanting to participate as a EYES volunteer?

---

How did you learn of our program: \_\_\_\_\_

---

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, what charge? \_\_\_\_\_ Date convicted: \_\_\_\_\_ Where \_\_\_\_\_

Do you consent to a routine check of your criminal records?  Yes  No

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name Address Zip Code Phone Relationship

1.

---

2.

---

3.

---

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with EYES that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by EYES. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with EYES or my termination as a volunteer.

---

Applicant Signature

---

Date