



# Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Are you at least 18 years of age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work/Cell/Other Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Do you have any special skills, experience or training that would be beneficial to volunteering here?  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you previously participated in a volunteer program? Yes No  
 If yes, where and what did you do? \_\_\_\_\_  
 \_\_\_\_\_

Are there any animals you will not work with or around? \_\_\_\_\_  
 \_\_\_\_\_

Other than English, do you speak a second language? Yes No  
 German French Spanish Italian or Other \_\_\_\_\_  
 Are you a translator? \_\_\_\_\_

What days and times are you available to volunteer?

Sun	Mon	Tues	Wed	Thur	Fri	Sat

**Employment Information:**

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 If retired, Last Employer \_\_\_\_\_ Occupation \_\_\_\_\_

May we contact your employer? \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

**References:**

Three individuals not related to you that have known you for at least two years:

(Name, phone number, job position, organization, how long)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**Medical Information:**

Do you have any medical or physical conditions we should be aware of so that we can respond appropriately in an emergency? \_\_\_\_\_

Do you have any of the following?

Allergies Heart problems Eye problems Asthma Back problems Diabetes  
Seizures Other \_\_\_\_\_ Any other limitations? \_\_\_\_\_

Are you able to lift items weighing up to 50 lbs \_\_\_\_\_

Have you ever been convicted or found guilty of a first degree misdemeanor or a felony? \_\_\_\_\_

Please explain, list dates: \_\_\_\_\_

Offense and disposition: \_\_\_\_\_

I recognize that in handling animals and performing other volunteer tasks that there exist a risk of injury including physical harm. I hereby release Majical Miniatures from all liability.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***\*It is our policy to perform background and/or drug screen checks on all applicants.***

Management Only Rcvd \_\_\_\_\_ Approved: Yes \_\_\_\_ No \_\_\_\_

Start Date: \_\_\_\_\_

Comments: