



Annie Malone Children & Family Service Center MAY DAY VOLUNTEER APPLICATION

PERSONAL INFORMATION		
Name (Mr., Mrs., Ms., Miss)		Today's Date
Current Address	City/State/Zip	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Phone	Work Phone	Cellular Phone
Email Address	Do you check your email daily?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Month Day Year
Have you previously been employed or volunteered at Annie Malone? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Have you ever been involved in any law violations, other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type?
How did you hear about our volunteer program? (please circle) Walk-in Friend Web-page School Media Brochure Other (please explain)		
Highest level of education completed?		
Are you currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker		
AVAILABILITY		
Days Available to Work (please circle) Sun Mon Tues Wed Thur Fri Sat		
Times Available to Volunteer (please circle) Morning Afternoon Evening		
What date are you available to start as a volunteer?		
Are you willing to accept orientation, training, and general direction from teachers, caseworkers, supervisors, and others directing the Volunteer Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why not?
VOLUNTEER EXPERIENCE		
List previous volunteer experiences:		
Areas of volunteer interest: <input type="checkbox"/> Kickoff BBQ (4/25/08) <input type="checkbox"/> Soiree (5/16/08) <input type="checkbox"/> Gospel Celebration (5/17/08) <input type="checkbox"/> Parade (5/18/08)		
Volunteer Position Title/Description (see attached Needs List): _____		
EMERGENCY CONTACT INFORMATION		
Contact Name		Relationship
Day Phone	Evening Phone	
(over)		

VOLUNTEER APPLICANT STATEMENT

As a volunteer, I agree to abide by the policies of Annie Malone Children and Family Service Center and I certify that the above information is true and correct.

Signature:		Date:

OPTIONAL EQUAL OPPORTUNITY INFORMATION

Annie Malone Children and Family Service Center receives funds from many sources. We are asked to provide statistics on our staff and volunteers. Please give us the following information so that our statistics can be accurate. This information is voluntary.

Ethnicity (please circle): African American Asian American Caucasian Hispanic Native American

Disabled: ____ Yes ____ No Please explain physical limitation

Please return application to:
Annie Malone Children and Family Service Center
ATTN: Tammi Love, Coordinator of Public Relations/Volunteers
2612 Annie Malone Drive, St. Louis, Missouri 63113
Phone: (314) 531-0120; Fax: (314) 531-0125
Email: trlove@anniemalone.com