



3765 Kalamazoo Ave. SE  
Grand Rapids, MI 49508

Phone: (616) 245-2151  
Fax: (616) 245-2820

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## VOLUNTEER APPLICATION

\_\_\_\_\_  
Last Name                      First Name                      Date of Birth

\_\_\_\_\_  
Previous Name (s)              Race                      Male or Female

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\_\_\_\_\_  
Home Address                      City                      State                      Zip

\_\_\_\_\_  
Business Address                      City                      State                      Zip

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_              Business Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_                      Email \_\_\_\_\_

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**Experience:** Paid and Volunteer work experience beginning with most recent

1. Organization \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Work performed or Title \_\_\_\_\_  
Dates (from/to) \_\_\_\_\_ Supervisor \_\_\_\_\_

2. Organization \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Work performed or Title \_\_\_\_\_  
Dates (from/to) \_\_\_\_\_ Supervisor \_\_\_\_\_

**Education:** Start with the most recent  
Name of institution                      City, State                      Degree  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fluent Language Skills:** other than English \_\_\_\_\_

**Volunteer Possibilities:** Please check areas of interest

- Cultural Orientation
- English tutoring (adults, children)
- Office Work
- Computer training
- Children's Programs
- Transportation
- Other: \_\_\_\_\_

**Availability:** Please write times in the spaces

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_ Sat\_\_\_\_\_ Sun\_\_\_\_\_

Starting Date \_\_\_\_\_ Total Number of Hours per week available \_\_\_\_\_

- Are you licensed to operate a motor vehicle in Michigan? Yes \_\_\_ No \_\_\_  
Has your license ever been revoked? (If yes, explain) Yes \_\_\_ No \_\_\_  
Do you carry automobile insurance? Yes \_\_\_ No \_\_\_  
Do you have a car in Michigan? Yes \_\_\_ No \_\_\_  
Have you ever been convicted of felony or misdemeanor?  
(If yes, explain) Yes \_\_\_ No \_\_\_

**References:** As deemed appropriate, CommunityLink may solicit personal references of potential volunteers. Please provide the names and telephone numbers of two persons not related to you who can give character references.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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I, \_\_\_\_\_, grant CommunityLink permission to complete a criminal history record background check. Additionally, I waive my right to be apprised of the nature of references supplied by any and all of the individuals listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_