

Atlanta Children's Shelter Volunteer Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Office Phone: _____

Would you like to be informed of last minute ACS volunteer needs via email? **Yes** **No**

Email: _____

How did you hear about The Atlanta Children's Shelter?

Many of the churches who fund ACS want to be aware of their congregants who volunteer here. If you feel comfortable, please let us know what church you attend?

Please indicate which letter best describes the category you represent:

A) Individual Volunteer B) Educational Community Service C) Court-Ordered Community Service

If you are completing educationally required community service, what school do you attend and who is your instructor?

If you are completing court-ordered community service, what have you been charged with?

Have you ever been convicted of a crime or do you have any current charges pending? **Yes** **No**

If yes, please explain _____

What type of volunteering are you interested in?

- Early Childcare Volunteer** **Field Trip Chaperone**
 Flexible Office Assistant **Employment Counseling**
 Donation In-Take **Life Skills Speaker**

Day(s) Available: *(Circle all that apply)* **M** **T** **W** **Th** **F**

Time(s) Available: *(Circle all that apply)* **9 AM – 12 PM** and/or **3 – 5 PM**

Previous Volunteer Experience:

Date:	Agency:	Activity:
_____	_____	_____
_____	_____	_____
_____	_____	_____

References: Please give two (2) personal or professional references (**not family**) known at least one year.

Name: _____	Telephone: _____	Relation: _____
Name: _____	Telephone: _____	Relation: _____

Emergency Contact:

Name: _____	Telephone: _____	Relation: _____
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