



PO Box 3182 Victorville, CA 92392 760-951-8003
501 (c)(3) Tax Exempt non-profit Fed Tax ID 73-1723719

Ferrarese **POWER** Center

Volunteer Application

Name _____ SSN _____ DOB _____

Address _____

Home Phone _____ Email Address _____

Employer _____ Position _____

Briefly Describe Job Duties _____

May we contact you at work? Yes No Work Phone _____

Reference

1. Name _____ DOB _____

Address _____

Home Phone _____ Relationship _____

2. Name _____ DOB _____

Address _____

Home Phone _____ Relationship _____

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General Information

Education Level

School Name

Degree Received

_____ *High School*

_____ *Degree*

_____ *College*

_____ *Major/Minor*

Volunteer Experience

1. Organization Name _____ Position _____

Duties _____

Supervisor _____ Phone _____

May we contact your supervisor? Yes No

Briefly describe what you enjoyed about the experience _____

2. Organization Name _____ Position _____

Duties _____

Supervisor _____ Phone _____

May we contact your supervisor? Yes No

Briefly describe what you enjoyed about the experience _____

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Availability

Approximately how many hours per week can you commit to volunteering? _____

What days of the week are you interested in volunteering hours? M T W TH F

What time slots would work best for you? 12:00 p.m. - 4:00 p.m. 4:00 p.m. - 8:00 p.m.

(Specific Time Slots are used to ensure availability of volunteers at any given time. If there are different times in which you would be available, shorter or longer, please list below)

Volunteer Opportunities

Education: Tutoring and Teaching

Technology: Computer Instruction or Programming

Cultural: Music, Drama, Dancing

General Purpose: Recreation, Administration, Fundraising, Etc.

Tell us specifically how you would like to volunteer _____

Are there specific interests, skills or areas of expertise you can bring to our organization?

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Required Disclosures

Do you currently use illegal drugs? Yes No

Have you ever been convicted of a criminal offense, including but not limited to criminal neglect, abuse or assault? Yes No

If yes, please describe _____

Are you willing to undergo a Criminal Background Investigation? Yes No

Optional Information

Gender: Male Female

Ethnic Background: _____

Do you have a valid driver's license? Yes No

Do you have access to a car you can use for volunteer work? Yes No

Do you speak any additional languages? Yes No

If so, please list: _____

Volunteer Applicant Name (please print) _____

Volunteer Signature _____ Date _____

Driver's License Number _____ State of Issue _____