

**CLUSTER
Community Services**

Volunteer Application

Date: _____

Name: _____

Home Address: _____

Home Phone: _____ Home fax: _____

Email: _____ Cell phone: _____

Current Employer: _____

Address: _____

Work Phone: _____ Work fax: _____

What is the best time to reach you during the day? Home _____ Work _____

Last school grade completed: _____

Other pertinent employment and experience (write out below or supply resume):

Job Title	Date
Address	
Duties	How long
Job Title	Date
Address	
Duties	How long

Do you have your own transportation? _____

If no, how will you travel? _____

Have you ever done volunteer work? _____

Where? _____

Describe position(s) _____

Organizations and Clubs of which you are now a member _____

Are there any limitations or restrictions that we should be aware of _____

Other Languages: _____

Are you currently working? _____

If so, where? _____

How did you learn about CLUSTER Community Services? _____

I want to Volunteer with CLUSTER (Check one):

MENTAL HEALTH	CLUSTER MEDIATION CENTER	YOUTH & FAMILY PROGRAMS	HOUSING RESOURCE CENTER

BECAUSE: _____

Availability: Weekly (days)/ Hours _____

Name, address and phone number of three personal references: _____
