



# Volunteer Form 2015-2016

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number :( ) \_\_\_\_\_ Cell Phone Number :( ) \_\_\_\_\_

E-mail Address: (Please Print Clearly) \_\_\_\_\_

Educational Background:

Volunteer Experience:

List hours of availability for each day:

Monday: \_\_\_\_ Tuesday: \_\_\_\_ Wednesday: \_\_\_\_ Thursday: \_\_\_\_ Friday: \_\_\_\_

Are you willing to submit to a criminal background check? \_\_\_\_\_

Are you willing to submit to a drug test? \_\_\_\_\_

**Thank you!**

**3268 Avondale Mill Rd. Macon, GA 31216 (478) 781-0401**