Date __________________________

Dear __________________________.

Thank you so much for your interest in volunteer opportunities at Arizona's Children Association. We are a not-for-profit agency that offers a wide variety of services to children and families throughout the state. Our primary purpose is to ensure that children have the opportunity to live in an environment that will lead to an emotionally healthy and happy childhood. All volunteer opportunities will in some way, contribute towards this goal.

Volunteers are valued for the special services they can provide. There are many positions available and most have flexible hours and times that can be arranged for everyone's convenience. Initially, everyone is required to interview with the Volunteer Coordinator and to attend an orientation program. Some positions require more extensive training. Volunteers participating in special one-time or short-term events are usually exempt from most of these requirements.

Please fill out the enclosed application. If you have any questions about the application or would like to set up an interview, please contact me at 622-7611 ext. 1341. I look forward to hearing from you!

Sincerely,

Shannon M. Carloss
Volunteer Coordinator
VOLUNTEER APPLICATION

Date ____________

1. Personal Information

Name _____________________________________________
Address ___________________________________________
City __________________ Zip Code ___________________
Phone (___) _______ Date of Birth ___________________
U.S. Citizen: Yes ___ No ___ Driver’s License # __________
Social Security # ________________________________

Have you ever been arrested on a criminal charge? Yes ___ No ___
If so, please explain: ______________________________________

2. Volunteer Experience

Agency Name ________________ Phone __________ Length of Stay ______

Type of Activities and/or Services Performed __________________________
_________________________________________________________________
_________________________________________________________________
Agency Name ________________ Phone __________ Length of Stay ______

Types of Activities and/or Services Performed __________________________
_________________________________________________________________
_________________________________________________________________

* What did you like best about your previous volunteer experience(s)?
_________________________________________________________________
_________________________________________________________________

* What did you like least?
_________________________________________________________________
_________________________________________________________________

* How did you hear about Arizona’s Children Association Volunteer Program?
_________________________________________________________________

* Please write a short statement about your interests in this program and your purpose/ reason for offering your services. ________________________________
3. **Work Experience** (Attach Resume if Desired)

Company Name __________________ Phone ___________ Length of Stay ________

Job Duties Performed _______________________________________________________

__________________________________________________________

Company Name __________________ Phone ___________ Length of Stay ________

Job Duties Performed _______________________________________________________

__________________________________________________________

4. **Hobbies & Special Interests**
   Please circle which activities you would be able to share with a child.

Art  Audio Visual Arts  Backpacking/Camping  Bike Riding  Books  Build Models
Cooking  Dancing  Fishing  Mechanics  Movies  Music  Organize Outings
Photography  Play an Instrument  Politics  Rap Sessions  Sewing  Singing
Speeches  Sports  Television  Arts  Writing  Woodworking

5. **References**
   Please name 3 people (not relatives) who we can contact as personal references.

   * Name _______________________________ Phone ___________________________
     Address ______________________________ City ______ State ______ Zip ______
     Relationship __________________________

   * Name _______________________________ Phone ___________________________
     Address ______________________________ City ______ State ______ Zip ______
     Relationship __________________________

   * Name _______________________________ Phone ___________________________
     Address ______________________________ City ______ State ______ Zip ______
     Relationship __________________________

   ** ** My signature verifies that I have been truthful regarding all information on
this application. I realize that misrepresentation on this application is cause for
termination of my volunteer services.

Signature: ___________________________ Date _______________