



Volunteer and Practicum Application

Today's Date: _____

PERSONAL INFORMATION

Name: _____

Full Address: _____

Home Telephone: _____ Work Telephone: _____

Cellular: _____ Email: _____

Emergency Contact Name and Telephone: _____

Doctor's Name and Telephone: _____

Why are you interested in volunteering?

Personal Interest Educational Internship

Community Service Hours

Age: over 18 Under 18

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

If successful in attaining a volunteer post, I give permission for photographs taken by Lifetime Networks' staff or representatives to be used on the Lifetime Networks website, Lifetime Networks PowerPoint presentations and on other promotional materials for Lifetime Networks.

Yes No



If successful in attaining a volunteer post, I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as newsletters, announcements, programs and events. I may unsubscribe at any time.

Yes No

I acknowledge that Lifetime Networks is a peanut, shellfish, perfume and cologne free area.

EXPERIENCE AND EDUCATION

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organization and what kind of work did you do?

Please describe why you want to be a volunteer at Lifetime Networks. Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?



FRIENDSHIP • SUPPORT • COMMUNITY

CRIMINAL HISTORY

All volunteer positions require a Criminal Record check. Conviction will not necessarily disqualify you from participating. Have you even been convicted of a criminal code offense? If yes, please explain.

Yes No _____

YOUR INTEREST AT LIFETIME NETWORKS

How did you learn about Lifetime Networks?

Current Volunteer Other (please specify) _____

Which opportunities do you wish to further explore:

Network Friend Best Buddies
 Being a Citizen Volunteer Program Volunteer
(photography, cooking, group social, girls group)
 Special Events Volunteer Fine Arts Volunteer (music, art, dance)
 Other (please specify) _____

How long can you commit to volunteering?

One Time Occasionally 3-6 months
 6 months or more Other (please specify)

What days are you available?

Mondays Tuesdays Wednesdays
 Thursdays Fridays Saturdays Sundays

What times are you available?

Mornings Afternoons Evenings



FRIENDSHIP • SUPPORT • COMMUNITY

Do you prefer to work (check all that apply):

- Directly with people served Behind the scenes Computers
 Maintenance No preference

Hobbies and interests

Skills you would like to use while volunteering

Do you have any special needs or restrictions we should be aware of?

Date you can begin service:



REFERENCES

All volunteer positions require two references. Please provide the following information for two individuals who can speak to your suitability for this volunteer position.

1.

Name: _____

Occupation: _____ How long they have known you: _____

Telephone: _____ Email: _____

2.

Name: _____

Occupation: _____ How long they have known you: _____

Telephone: _____ Email: _____

Signature

Date

INTERNAL USE ONLY

Criminal Record

Orientation Booklet

Confidentiality Agreement

Conflict of Interest

Driver's Abstract and Copy of License

Background Check Document