

# APPLICATION FOR VOLUNTEERS ONLY!!!



Oakland Livingston Human Service Agency  
*Community Action Since 1964*

## VOLUNTEER APPLICATION

**Submit to:** Human Resources, 196 Cesar E. Chavez Avenue, PO Box 430598, Pontiac, Michigan 48343-0598 (248) 209-2611, FAX (248) 209-2615

PLEASE TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK.

DATE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
AREA CODE

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET No. CITY STATE ZIP CODE

WHAT PROGRAMS ARE YOU VOLUNTEERING FOR? \_\_\_\_\_

VOLUNTEER AVAILABILITY (Example 3 p.m. – 6p.m.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

WHAT DATE WILL YOU BE AVAILABLE TO BEGIN VOLUNTEERING? \_\_\_\_\_

**FOR OFFICE USE ONLY**

**ANSWER THE FOLLOWING BY CHECKING YES or NO:**

**If "YES", PLEASE EXPLAIN:**

1. ARE YOU **UNDER** 18 YEARS of AGE? .....YES NO \_\_\_\_\_
2. HAVE YOU EVER BEEN CONVICTED OF A FELONY? .....YES NO \_\_\_\_\_

**LIST SPECIAL SKILLS and TRAINING YOU WOULD LIKE CONSIDERED FOR A VOLUNTEER OPPORTUNITY WITH OLHSA (i.e., typing and shorthand speeds, computer skills, certification, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**LIST THREE (3) PERSONAL REFERENCES BELOW**

NAME AND OCCUPATION	ADDRESS	CITY	STATE	ZIPCODE	TELEPHONE NUMBER
1.					( ) -
2.					( ) -
3.					( ) -

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THEY MAY BE VERIFIED BY OLHSA AT THEIR DISCRETION. I FURTHER UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION COULD CONSTITUTE GROUNDS FOR DISMISSAL IN THE EVENT THAT I AM SELECTED AS A VOLUNTEER:**

\_\_\_\_\_  
Signature Date