

ALSTON WILKES SOCIETY VOLUNTEER APPLICATION

Please attach a copy of your picture ID to this packet.

Name: _____ Phone: (Home) _____ (Work) _____

Address: _____

Age: _____ Gender: _____ Race: _____

Email address _____

Have you ever been a volunteer with the Alston Wilkes Society or another organization? If yes, please list the organization(s) and your responsibilities: _____

Why do you want to volunteer for the Alston Wilkes Society? _____

How many hours per week or month can you commit? _____

Education	Name/Location of School	Degree or Major
High School	_____	_____
College, Trade School, etc.	_____	_____
	_____	_____
Graduate, Post-Graduate	_____	_____
	_____	_____

Please list any office equipment you can operate: _____

Please list any professional training, certification or licensing which you possess: _____

Please list any physical/medical restrictions you may have: _____

**ALSTON WILKES SOCIETY
VOLUNTEER SERVICES APPLICATION**

Have you ever had any experience working with offenders or former offenders? If yes, in what capacity?

Do you have available transportation? _____ Do you have a valid SC drivers license? _____

If so, what is the license number? _____

Have you ever been convicted of a crime? If yes, please explain. _____

PROFESSIONAL REFERENCES

Name	Address	Phone	Years Known
1.	_____		
2.	_____		
3.	_____		

How did you learn about the Alston Wilkes Society? _____

I certify that the above information is accurate and true to the best of my knowledge. I understand that a SLED check or NCIC check may be requested and agree to provide the necessary information and/or permission for these checks. In addition, medical information and documentation may be required. I further understand that this application and all the information in my volunteer file will be held in confidence.

Volunteer Signature: _____ **Date:** _____

Staff Witness Signature: _____ **Date:** _____