



Volunteer Application

Name: _____ Date of Birth: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (Home) _____ (Cell) _____

E-mail: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Why would you like to volunteer at SwimRVA?

List previous work or volunteer experiences with children/youth/adults:

When are you able to volunteer? Please list day and time.

- Sunday _____
- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____

Volunteer Application (cont.)

Do you have any training or certifications that you would like to share with us?

References:

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

I declare that all of the information provided on this application are true, complete, and correct to the best of my knowledge and belief. I also understand that I must pass a criminal background check in order to volunteer at SwimRVA.

Signature: _____ **Date:** _____