

# VOLUNTEER APPLICATION

## REGISTRATION FORM

<i>Program Information</i>						
<i>Name</i>						
<i>Location</i>						
<i>Dates</i>						

<i>Volunteer Information</i>					
<i>Name</i>					
<i>Address</i>					
<i>City/ State/ Zip</i>					
<i>Home Phone</i>		<i>Work Phone</i>		<i>Cell Phone</i>	
<i>Age</i>		<i>Date of Birth</i>		<i>Gender (Circle One)</i>	<i>M/ F</i>

<i>Availability (Circle AM / PM)</i>				
<i>Days of the Week</i>	<i>Starting Time</i>		<i>Ending Time</i>	
<i>Monday</i>		<i>AM/ PM</i>		<i>AM/ PM</i>
<i>Tuesday</i>		<i>AM/ PM</i>		<i>AM/ PM</i>
<i>Wednesday</i>		<i>AM/ PM</i>		<i>AM/ PM</i>
<i>Thursday</i>		<i>AM/ PM</i>		<i>AM/ PM</i>
<i>Friday</i>		<i>AM/ PM</i>		<i>AM/ PM</i>
<i>Saturday</i>		<i>AM/ PM</i>		<i>AM/ PM</i>
<i>Sunday</i>		<i>AM/ PM</i>		<i>AM/ PM</i>

# VOLUNTEER APPLICATION

## REGISTRATION FORM

*In what areas would you like to help D.O.T*


*Emergency Contact Person*

*(other than home number)*

<i>Name</i>	<i>Phone Number</i>
-------------	---------------------

*Please Read and Sign Below*

*I, \_\_\_\_\_, do hereby consent and allow my participation in the above program/ activity/ trip. I agree to indemnify and hold harmless THE DOT ORGANIZATION, INC., its agents, and employees from any injuries or damages I may sustain while participating in this program.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*For Office Use Only*

<i>Circle one of the following:</i>		<i>Received by:</i>
<i>Approved</i>	<i>Disapproved</i>	_____ <i>Signature</i>
<i>Date</i>		_____ <i>Print Full Name</i>