

# 1 ON 1 PERSONAL DEVELOPMENT, INC

## VOLUNTEER APPLICATION

**Instructions:** Thank you for showing an interest in volunteering with 1 on 1 Personal Development. Please take a few minutes to complete this application in its entirety. An asterisk \* indicates required information. We understand the importance of maintaining the privacy of the information you submit; therefore the *last four digits of your social* will be sufficient for the purpose of this application. However, for verification purposes, we do ask that you bring it with you at the time of the scheduled appointment. *P.O. Boxes are not acceptable for the address.*

### I. APPLICATION SECTION:

\*Position applied for: \_\_\_\_\_

### II. PERSONAL DATA:

\*Full Legal Name: \_\_\_\_\_

\*DOB: \_\_\_\_\_ Social Security # (last 4): \_\_\_\_\_

\*Address: \_\_\_\_\_  
\_\_\_\_\_

\*Telephone: Day (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

\*Email: \_\_\_\_\_

Have you ever been incarcerated? ( ) Yes ( ) No If yes, was it a felony? ( ) Yes ( ) No

Do you have a current background ( ) Yes ( ) No Are you willing to provide one ( ) Yes ( ) No

### III. SKILLS:

( ) Data Entry ( ) Grant Writing ( ) Proposal/Program (writing)

( ) Marketing ( ) Fundraising ( ) Social Media

( ) Recruiting (Donor/Sponsors) ( ) Program Manager

Other: \_\_\_\_\_  
\_\_\_\_\_

### IV. References: Please list name, address and phone number of three references (non-relatives)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### V. VOLUNTEER HOURS:

12:00 – 3:00 pm Saturday or 2:00 pm – 4:00 pm (weekday TBD) will you be available? ( ) Yes ( ) No

The volunteer opportunity is for 12 months, will you be committed to completing it? ( ) Yes ( ) No

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Thank you, we will respond within 48 hours.