



Volunteer Application

Volunteer opportunities vary depending on the age of volunteer. Please place a check by your age range:
___ 15yrs of age ___ 16-18yrs ___ 18-21yrs ___ 21and older

I would like a volunteer position in: ___Administration ___Fundraising ___Events ___Wherever needed.

I would like to participate as a community volunteer during community events. ___Yes ___No

Do you speak another language other than English? If so, please specify: _____

Full Name _____ Soc. Sec. # _____
(last) (first) (middle initial)

Current Mailing Address _____ City _____ ST _____ Zip _____

Permanent Address (if different from above) _____

City _____ ST _____ Zip _____ Home Phone _____

Work _____ Cell _____ Date of Birth _____

E-Mail Address _____

Education (circle highest completed) High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4

If you are currently a student, where are you enrolled?

How did you hear about our program?

Have you previously volunteered for What Matters Most Inc? ___ Yes ___ No

If yes, dates ___ / ___ to ___ / ___
mo. yr. mo. yr.

Times you have available to volunteer:

_____ S M T W T H F S _____ Availability to start: ___ / ___
(hours/wk) (circle days) (morning) (afternoon) (evening) mo. yr.

Emergency Contact: _____

(name) (relationship) (home #) (other #)

VOLUNTEER EXPERIENCE

Name of Agency (current first) Dates Title / Duties

- 1. _____
- 2. _____
- 3. _____

WORK EXPERIENCE

Name of Employer (current first) Dates Title / Duties

- 1. _____
- 2. _____
- 3. _____

Please list two references, including their mailing addresses and telephone numbers. (please print)

1. _____

2. _____

Required Volunteer Immunizations

All immunizations must be current before attending your first volunteer assignment in which you will be working directly with children. Administrative Volunteers may volunteer for administrative assignments prior to providing proof of current immunization, however, no volunteer will be allowed to work with children through What Matters Most Inc until this information has been received by the volunteer coordinator.

Note: All Volunteers are responsible for their own immunizations.

- * TB skin test
- * MMR (Measles, Mumps, and Rubella) – Two after 12 months of age or one since age 18.

OR Rubella Titer (if born prior to 1957)

- * Varicella Titer (to assess immunity to Chicken Pox)
- * Hepatitis B series.

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony?

No _____ Yes _____

If yes, please explain:

I affirm that the information provided on this application is true and complete.
 By signing I give my consent for What Matters Most Inc to obtain a legal background check on me.
 I understand that this application does not guarantee a volunteer placement.
 I understand that as a Volunteer I may not accept payment for my services and that I will incur the cost of uniform(T-shirt) and transportation.

Signature: _____ Date ____/____/____

Parent/Guardian Signature (If under 18): _____ Date ____/____/____

PLEASE RETURN THIS VOLUNTEER APPLICATION WITH YOUR QUESTIONNAIRE TO:

**What Matters Most Inc
 2184 Williston Rd
 Aiken SC 29803**

Or email it to volunteer@whatmattersmostinc.com

VOLUNTEER APPLICATION QUESTIONNAIRE
PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR VOLUNTEER APPLICATION:

Name (please print) _____ Date ___/___/___

1. Why are you interested in volunteering with What Matters Most Inc?

2. Describe any previous experiences that have influenced your decision to volunteer with us.

3. Would you prefer to work with children directly, on their behalf, or both? Why?

4. If you are applying for a volunteer placement in working directly with Children, please describe your experience with children.

5. Please describe other commitments? (i.e. community, school, etc.)

6. What do you expect to gain from your volunteer work?

7. If you could create the perfect volunteer opportunity for yourself, what would you be doing?



8. How will you respond if the volunteer opportunity does not meet your expectations and what do you think will be challenging as a volunteer? How will you handle the challenge?

9. Have you been a victim of abuse in the last 12 months?
___ No ___ Yes If yes, have you received victim counseling? (optional)

10. What would you like for us to know about you that we haven't asked?

Skills & Interest:

Please mark any area in which you have an interest, or have had prior experience:

I = Interest

P = Previous Experience/Training

___ Tour Guide ___ Photography ___ Marketing ___ Community events

___ music performance(instrument/Vocal) explain: _____

___ Office Projects/Administration support _____ Special Events _____ Bulk Mailings

___ Filing _____ Data Entry ___ Sewing ___ Computer Program (Specify): _____

___ Sports (Specify) _____

Outdoor adventure activities(explain): _____