



Baxter Community Center

Volunteer Application/Background Check

Please print your answers and complete the application in full.
All information will be confidential.

Today's Date: _____

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Street City Zip

Home Phone: (please include area code) _____

Work Phone: (please include area code) _____

Cell Phone: (please include area code) _____

Email Address: _____
Please note that we do not share or sell email addresses and only use it when we need help or to share information

Date of Birth: (month/day) _____ If under 18, year of birth: _____

Education

High School graduate? YES NO

Undergraduate degree? YES NO Major/Field of Study:

Graduate Degree? YES NO Major/Field of Study:

Do you speak a foreign language?
Spanish Sign Language Other:

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Volunteer Experience

Have you ever volunteered before? **YES NO**

Where? _____

How Long? _____

Describe any previous work or volunteer experience that may be relevant to volunteering at Baxter.

Employment Information

Employed **Employer:**

Retired **Former Employer:**

Student **School:**

Please list any skills, talents or other information about you we should know :

How did you hear about volunteer opportunities here?

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Background Check and Consent Form

The completion of this form affords Baxter Community Center the right to conduct a background check on the undersigned.

All information is held in strictest confidence

Full Name _____

Address _____

Date of Birth _____

Social Security # _____

Driver's License #, State _____

Have you ever been convicted of a felony? _____

If yes, please provide details

Signature _____

Today's Date _____

Thank you for your cooperation.

Please return completed forms to:

**Volunteer Coordinator
Baxter Community Center
935 Baxter SE
Grand Rapids, MI 49506**