

Missouri Missing Volunteer Program

Volunteer Application Form

Name _____

Address _____

Phone (home)_() _____ (Work/Cell)_() _____

E-mail (optional)_____

Emergency Contact: Name_____

Phone_() _____ Relationship_____

Do you require any special accommodations in a work environment? Yes___ No___

If yes, please describe_____

Please indicate what type of volunteer opportunity you are seeking:

___ Investigations

___ Counseling

___ Office Work

In order to make an effective match for you, it is important for us to know if you have any special skills or talents you would like to bring to your volunteer work. If so, please describe.

Have you had any special training in the field that you are applying for? (i.e. prior work experience, college courses). Yes___ No___

If yes, please describe_____

Please indicate what days and time you would be available for work.

Days_____ Time_____

Nights_____ Time_____

Weekends_____ Time_____

Signature_____ Date_____

Please attach a copy of your valid driver's license. A background check will be conducted on all applicants before being placed in a position.