



F.A.B. ~ Fighting Against Abuse, Inc

Volunteer Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Occupation: _____

Do You Have Any Physical Condition that May Limit Your Activities YES NO

If yes, Describe: _____

Have you ever been convicted of a felony or misdemeanors? YES NO

If yes, explain: _____

Other information that will help us make a good match (such as education, general interests/hobbies)

References

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____
 Address: _____

 Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

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 Company: _____ Phone: _____
 Address: _____

Availability and Volunteer Assignment Preferences Please Check All That Are Applicable:

I Am Available:

Mornings (Mon-Fri) Afternoons (Mon-Fri) ____
 Weekends ____ Once A Week ____ Evenings (Mon-Fri) ____
 One Time Only As Needed ____ More Than Once a Week ____
 OTHER: _____

Drivers License

Do You Have A Valid (State) Driver's License?: Yes No

License Number: Vehicle License Plate Number:

Insurance Company And Policy #

Who To Notify In Case Of An Emergency?

Telephone #

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature: _____ Date: _____