



VOLUNTEER APPLICATION

NAME:	TELEPHONE:	EMAIL:
ADDRESS:	CITY:	STATE:
CITY:	STATE:	ZIP CODE:

Educational Background: Please complete for the highest degree received.

High School/College: _____ Degree Received: _____

Work Experience: Please complete for the most recent position of employment:

Company Name: _____ Title: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ Dates Employed: _____

Areas of Expertise or Knowledge:
Professional Affiliation(s):
Community Involvement:

How did you hear about the Spark of Life Program:

Friend/Family Website Co-Worker Other: _____

Volunteer Areas: I would like to volunteer in the following area(s):

_____ Spark of Life Annual Retreat Volunteer _____ "S.P.A.R.K. Girls" Program
 _____ Spark of Life Board Assistance _____ Operations Team (Position/area: _____)

I certify that all answers given by me to all the questions on this application are to the best of my knowledge true and I have not withheld any pertinent information. I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal of or dismissal from volunteering. I hereby agree that in the course of considering my application, you will make inquiries to ascertain information concerning my background and I understand that, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided to me. I understand that I will be responsible for paying the \$16 fee required to process my Virginia State Police Criminal History Record Check.

Signature: _____ Date: _____