

Volunteer Applicant Checklist

NAME _____

Intern [] College _____

Community Volunteer [] Source of Inquiry _____

Transitional Assistance [] Plus Co. [] Lifelink []

Days and hours available: Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

Application sent _____

Application received _____

Bop requested _____ Bop received _____

References called (1) _____ (2) _____

Interview scheduled _____

Volunteer forms signed _____

Orientation by _____ Date _____

Assigned to:

Department _____

Supervisor _____

Supervisor contacted _____

Starting Date _____