

WYPR Volunteer Application

Please print

First Name.....Last Name.....

AddressCity/State/Zip.....

TelephonePreferred Title: Mr./Mrs./Miss/Ms./Dr./Other

Education (highest level completed)

.....

List any previous volunteer experience

Skills

1.

2.

3.

4.

5.

6.

Employment History (Most Recent First): *Company, Position, Dates*

1.

2.

3.

4.

5.

6.

7.

Tell us what you like about WYPR and why you are interested in volunteering?

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Are you a WYPR Member?

Current (gift in the last 12 months) Lapsed (more than 12 months) No

Volunteer availability: (Circle all applicable)

Monday Tuesday Wednesday Thursday Friday

Times:.....

Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Car

Physical Limitations: No Yes (Please Explain)

References (please provide two)

First Name.....Last Name.....

TelephoneEmail

How do you know this person?

How long have you known this person?

First Name.....Last Name.....

TelephoneEmail

How do you know this person?

How long have you known this person?

In an emergency, notify:

First Name.....Last Name.....

Address

City/State/Zip.....Telephone.....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

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(Signature/Volunteer) (Signature/Staff) (Date)