



VOLUNTEER APPLICATION

DATE _____

NAME _____
 First **Initial** **Last**

ADDRESS _____ ZIP _____

PHONE: Home _____ Work _____ Cell _____

E-MAIL _____ DATE OF BIRTH ____ / ____ / ____

EDUCATIONAL LEVEL ACHIEVED _____

DO YOU HAVE EXPERIENCE WORKING WITH BICYCLES? YES _____ NO _____

SUMMARIZE: _____

OCCUPATION AND EMPLOYER (or former occupation, if retired)

COMMUNITY AND/OR CIVIC VOLUNTEER SERVICE EXPERIENCE

PLEASE LIST 2 REFERENCES WHO ARE NOT FAMILY MEMBERS
NAME _____ PHONE _____
ADDRESS _____ ZIP _____

NAME _____ PHONE _____
ADDRESS _____ ZIP _____

EMERGENCY CONTACT _____ PHONE _____

Please return this form to: **Justiceworks, Ltd**
1578 Strongs Ave or email: **info@justiceworksltd.org**
Stevens Point, WI 54481