

MARS Volunteer Application

Name: _____ Student ID Number: _____

Address: _____ City/State: _____ Zip: _____

E-mail Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Date of Birth: _____

Why are you interested in volunteering with the MARS Group?

What experiences, skills, special education or interests do you have that might help you work with the MARS Group?

What strengths or abilities do you have that would make you an effective volunteer?

List three obstacles that might impede a victim from seeking help:

As a volunteer, you would be required to attend periodic meetings. These meetings are used in part as ongoing training. Are you willing and able to attend? _____

Do you have any outside obligations that would take up large periods of time during the day, not including classes?

List any clubs, organizations, churches and/or groups of which you are currently an active member. Also, list any positions of responsibility.

Please list three references that we may contact. One reference must be a professional reference (I.e. present/previous supervisor, professor, etc.). Please give complete address:

1. Name: _____ 2. Name: _____

Occupation: _____ Occupation: _____

Telephone: _____ Telephone: _____

Address: _____ Address: _____

3. Name: _____

Occupation: _____

Telephone: _____

Address: _____

Certification of Applicant:

Have you ever been convicted, imprisoned, or fined for a felony? Yes No

If yes, please explain, giving date(s) and location(s).

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS OF REJECTION OF THE APPLICATION OR TERMINATION OF VOLUNTEER STATUS WITHOUT NOTICE AT ANY TIME HEREAFTER.

SIGNATURE OF APPLICANT