

Deerfield Community Center  
Community Service Application Form  
(Please Print)

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact in case of Emergency: \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

If Employed, Name of Business: \_\_\_\_\_

If Student, Name of School: \_\_\_\_\_

List any Health or Physical Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Please list previous volunteer/service experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in serving in the following areas or capacities: \_\_\_\_\_  
\_\_\_\_\_

Special Skills/Training: \_\_\_\_\_  
\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

What types of vehicles are you licensed to drive? \_\_\_\_\_

State ID# \_\_\_\_\_ State: \_\_\_\_\_

Availability:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Exceptions to these days: \_\_\_\_\_

\_\_\_\_\_

Additional information related to your Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consent for Participants Under 18 Years of Age**

I give consent for my child to participate in the Deerfield Community Center's Service Program.

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

**Confidentiality Agreement**

By signing (at the end) this application, I agree to treat all information I may hear, see, read or otherwise acquire as highly confidential and I will not reveal or discuss this information outside my official duties at the Deerfield Community Center.

**Publicity Consent**

May we use your name and/or photo in publicity related to the Deerfield Community Center?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*Signature of Applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

Staff intake:	Date
Referred to:	
Comments:	