



The  
WIT  
Method

# Volunteer Information Sheet Professionals & Practitioners

Upon completion and submission of this form, a formal interview will be scheduled.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ DOB: MM/DD \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Currently Employed Y/N \_\_\_\_\_ or Retired Y/N \_\_\_\_\_

Current/Most Recent Employer: \_\_\_\_\_

Certifications: \_\_\_\_\_  
\_\_\_\_\_

Skills/Training/Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Availability: Circle all that apply, include time(s) below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____
Time	Time	Time	Time	Time	Time

Volunteer Experience:

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Reference Name:

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Phone Number:

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Email:

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Relationship to Volunteer:

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Reference Name:

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Phone Number:

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Email:

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Relationship to Volunteer:

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Reference Name:

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Phone Number:

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Email:

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Relationship to Volunteer:

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## Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

## Statement Agreement

I confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior or a felony. I give my permission to The WIT Method to run a DOJ Background check if necessary.

\_\_\_\_\_  
Signature Date

I understand that completion and submission of this information sheet does not obligate The WIT Method to provide volunteer time/experience and that there is no guarantee of acceptance regardless of open positions available. Furthermore, I understand that the process of volunteer selection-form completion, interview, reference and background check are standard and required for all submissions. I the undersigned state that all information completed is true and accurate.

\_\_\_\_\_  
Signature Date