



## Active SWV

### Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

- Have you ever volunteered with Active SWV before? Yes\_\_ No\_\_
- Have you ever been convicted of a felony? Yes\_\_ No\_\_
- Would you agree to a background check? Yes\_\_ No\_\_

How did you hear about this volunteer opportunity?

Why are you interested in volunteering?

What physical activity are you interested in leading weekly or monthly?

Please list any CPR/First Aid or Instructor Certifications:

Please indicate the days and times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Thank you for your interest in becoming a Community Captain, Kids Run Club Coach, Bike/Walk volunteer, Workplace Wellness site, or special event volunteer. Review programs here: <https://activeswv.org/programs>



If you have any questions, please contact our Community Health Director; [Erin@activeswv.com](mailto:Erin@activeswv.com)