Volunteer Application



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Contact Information	
Name	
Street Address	
City ST ZIP Code	
Contact Number	
Date of Birth	
E-Mail Address	
Availability	
During which hours are you a	available for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	
Weekday evenings	
Interests	
Tell us in which areas you ar	e interested in volunteering
Administration	
Events	
Field work	
Fundraising	
Deliveries	
Phone bank	
Newsletter production	
Volunteer coordination	
Special Skills or Qualific	ations
Summarize special skills and or through other activities, in-	d qualifications you have acquired from employment, previous volunteer work, cluding hobbies or sports.

Previous Volunteer Experience		
Summarize your previous volunteer experience.		
Person to Notify in Ca	se of Emergency	
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signa	ture	
	tion, I affirm that the facts set forth in it are true and complete. I understand that	

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.