

Volunteer Application

Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
During which hours are you available for volunteer assignments?		
Weekday mornings	Weekend mornings	
Weekday informings Weekday afternoons		
Weekday evenings	Weekend evenings	
Weekday everilings	Weekend evenings	
Interests		
Tell us in which areas you are interested in volunteering		
Administration Events Field work Fundraising Deliveries Phone bank Newsletter production Volunteer coordination		
Special Skills or Qualifications		
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		

Rev: 2/1/2010

Previous Volunteer Ex	perience
Summarize your previous volunteer experience.	
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Person to Notify in Ca	se of Emergency
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Agreement and Signat	ture
that if I am accepted as a v	on, I affirm that the facts set forth in it are true and complete. I understand colunteer, any false statements, omissions, or other misrepresentations tion 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.

Rev: 2/1/2010