Volunteer Application

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability	
During which hours are you a	available for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings
Interests	
Tell us in which areas you are	e interested in volunteering
Administration	
Events	
Fundraising	
Donations	
Meal Coordination	
Newsletter production	
Volunteer coordination	
Social Media Admin	
Special Skills or Qualific	ations
•	qualifications you have acquired from employment, previous volunteer work
or through other activities, inc	

Previous Volunteer Experience			
Summarize your previous volunteer experience.			

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

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.

