

Volunteer Application

Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
During which hours are you ava	ailable for volunteer assignments?	
Weekday morningsWeekday afternoonsWeekday evenings	Weekend mornings Weekend afternoons 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 Qualifica	tions	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		

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 Signatur		
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.		
on and application may result		
Name (printed)		
Signature		
Date		
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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.