



## **Volunteer Application**

Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability	- Nahla fanoshurta ar anaisma arta0	
During which hours are you a	vailable for volunteer assignments?	
Weekday mornings	Weekend mornings	
Weekday afternoons	Weekend afternoons	
Weekday evenings	Weekend evenings	
Interests		
Interests Tall up in which areas you are	interceted in volunteering	
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	ations	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work,		
or through other activities, inc	luding 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 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. I understand a background check may be required to participate as a volunteer.		
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.