

Volunteer Application

Contact Information	
Name Street Address City, ST, ZIP Code Home Phone Work Phone E-mail Address	
Availability	
During which hours are yo	ou available for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	SWeekend afternoons
Weekday evenings	Weekend evenings
Interests	
Tell us which areas you ar	re interested in volunteering
Administration	
Events	
Field Work	
Fundraising	
Deliveries	
Newsletter production	on
Volunteer coordinati	ion

Special Skills or Qualifications	
•	s and qualifications you have acquired from employment, previous ugh other activities, including hobbies or sports.
Previous Volunteer E	experience
Summarize your previ	ious volunteer experience.
Person to Notify in C	ase of Emergency
Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Work Phone	
E-mail Address	
Agreement and Signa	ature
Agreement and sign	
By submitting this appl	ication, I affirm that the facts set forth in it are true and complete. I
	accepted as a volunteer, any false statements, omissions, or other
	ide 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 your interest in volunteering with us.