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 afternoons	Weekend afternoons	
Weekday evenings	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		
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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.		
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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		
	, I affirm that the facts set forth in it are true and complete. I understand that er, any false statements, omissions, or other misrepresentations made by	
	esult 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.