

Volunteer Application

Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Work Phone	
Email Address	

Availability

<input type="checkbox"/> Monday mornings	<input type="checkbox"/> Monday afternoons	<input type="checkbox"/> Friday Night Out events
<input type="checkbox"/> Tuesday mornings	<input type="checkbox"/> Tuesday afternoons	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Wednesday mornings	<input type="checkbox"/> Wednesday afternoons	_____
<input type="checkbox"/> Thursday mornings	<input type="checkbox"/> Thursday afternoons	_____
<input type="checkbox"/> Friday mornings		_____

References

Personal:

Name _____ Email _____
 Phone _____ How does this person know you? _____

Professional:

Name _____ Email _____
 Phone _____ How does this person know you? _____

Interests

Working in small groups with participants
 Friday Night events
 Coffee bar - Thursday mornings
 Music
 Art
 Cooking
 Driving mornings (7:30 – 9:00 am)
 Driving midday (noon – 1:00 pm)
 Driving afternoons (4:00 – 5:30 pm)
 Photography
 Videography
 Website design/maintenance
 Helping with production of products to sell
 Marketing the products made by participants

Community garden
 Job coach (1-on-1 shadowing for participants' volunteer and paid job placements)
 Office assist (filing, copying, research)
 Fundraising
 Soliciting donations for silent auctions and incentives
 Grant-writing
 Other (specify) _____

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

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Education

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Person to Notify in Case of Emergency

Name	
Street Address	
City, ST, ZIP code	
Home Phone	
Work/Cell Phone	
Email Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth herein 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 your interest in volunteering with us!