Volunteer Application



Contact Information	I
Name	
Street Address	
City, ST, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
	ou available for volunteer assignments?
Weekday mornings Weekday afternoons	Weekend mornings Weekend afternoons
Weekday evenings	Weekend evenings
vveekuay everiirigs	weekend evenings
Interests Tell us in which areas you	u are interested in volunteering
Administration	
Events	
Restoration / Repairs	
Fundraising	
Phone bank	
Newsletter production	
Volunteer coordination	
Gardening/Beautifica	ition
Special Skills or Qu	alifications
	and qualifications you have acquired from employment, previous volunteer works, including hobbies or sports.
or through other activities	
or through other activities	
or through other activities	

Previous Volunteer Experience Summarize your previous volunteer experience.	
Person to Notify in Cas	se of Emergency
Name	
Street Address	
City, ST Zip Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Agreement and Signat	ure
By submitting this application if I am accepted as a volunte	 a, 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.