Volunteer Application



Contact Information			
Name			
Street Address			
City ST ZIP Code			
Phone: Home &/or Cell	message	□ Give permission to text	
Work Phone			
E-Mail Address			
Availability			
During which hours are you available for volunteer assignments?			
Weekday mornings; Tuesday 9am-12 noon Weekday afternoons; Thursday 4pm-7pm Weekend mornings; Saturday 10am-2pm How often? Ex. 1 day/wk, 1 day / month, every 2 nd Saturday			
Interests			
Tell us in which areas you are interested in volunteering			
☐ Working at Facility During Open Hours		☐ Cleaning equipment	
☐ Calling on Overdue Loaned Equipment		☐ Organizing Equipment	
☐ Replenishing of Brochures at Different Sites		☐ Computer Data entry	
☐ Checking Equipment for Safety		☐ Repairing Equipment	
☐ Deliveries		☐ Grant writing	
☐ Volunteer coordination		☐ Projects	

How did you hear about us?

Special Skills or Qu	alifications	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		
Previous Volunteer	•	
Summarize your previou	s volunteer experience.	
Person to Notify in Case of Emergency		
Name		
Street Address		
City ST ZIP Code		
Phone: Home, work, cell		
Work Phone		
E-Mail Address		
Agreement and Sign	nature	
I must disclose any criminal re	, I affirm that the facts set forth in it are true and complete. I understand that ecord offenses during my interview. I also understand that if I am accepted ements, omissions, or other misrepresentations made by me on this mmediate 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.