

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

Frequency of volunteer availability (e.g. weekly, semi-monthly, monthly, etc.)

What Brought You to Us

Why do you want to volunteer with our organization?

How would you like to help our organization?

How do you hear about our organization?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, education or through other activities, including hobbies.

Previous Volunteer Experience

Summarize your previous volunteer experience.

References

Please provide the name, address and phone number of three non-family members who can provide references on your ability to perform this volunteer position:

1. Name

Street Address
City ST ZIP Code
Phone Number
Email

2. Name

Street Address
City, ST, ZIP Code
Phone Number
Email

3. Name

Street Address
City ST ZIP Code
Phone Number
Email

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it 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 completing this application form and for your interest in volunteering with us.