



# Volunteer Application

Personal 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?
<input type="checkbox"/> Weekday mornings ( <b><i>Please circle which days</i></b> ) Monday Tuesday Wednesday Thursday Friday
<input type="checkbox"/> Weekday afternoons ( <b><i>Please circle which days</i></b> ) Monday Tuesday Wednesday Thursday Friday

Interests
Tell us in which areas you are interested in volunteering
<input type="checkbox"/> Administration
<input type="checkbox"/> Events
<input type="checkbox"/> Poster Distribution
<input type="checkbox"/> Newsletter production

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.

Application continued on reverse

### 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

By submitting this application, I affirm that the facts set forth on this application 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	
Today's 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.