



Volunteer Application

Are you 19 or over? YES / NO: If no please state your age _____
 Retired _____ College Student _____
 Senior citizen _____ Community / Professional _____

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?

Day:	Hours:				
Monday	Start	AM/PM	to	End	AM/PM
Tuesday	Start	AM/PM	to	End	AM/PM
Wednesday	Start	AM/PM	to	End	AM/PM
Thursday	Start	AM/PM	to	End	AM/PM
Friday	Start	AM/PM	to	End	AM/PM
Saturday / Sunday	Start	AM/PM	to	End	AM/PM

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|--|
| <input type="checkbox"/> Computer tutoring After-school | <input type="checkbox"/> Youth Sports coordinator |
| <input type="checkbox"/> Events Coordinator | <input type="checkbox"/> Health Care professional |
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Physical Therapist / Nutritionist |
| <input type="checkbox"/> Fund Developer / Grant writer | <input type="checkbox"/> Citizenship counselor |
| <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Soccer / Basketball Coach |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Soccer / Basketball Referee |
| <input type="checkbox"/> E Newsletter production | <input type="checkbox"/> ESL teachers |
| <input type="checkbox"/> Summer Food Program Manager | <input type="checkbox"/> Art Program Volunteer |
| <input type="checkbox"/> Summer Program Monitor | <input type="checkbox"/> After school youth tutor |
| <input type="checkbox"/> Website design | <input type="checkbox"/> Public Relations and Outreach Coordinator |
| <input type="checkbox"/> Facilities manager (janitorial & maintenance) | <input type="checkbox"/> Computer technology |

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

Summarize your previous volunteer experience.

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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 in it are true and complete and agree to a background check. 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	

References

Please provide at least two character references

First Name	Last Name	Phone	email

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

Additional details