## **Volunteer Application**



Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
During which hours are you a	available for volunteer assignments?	
Weekday mornings	Weekend morningsTime	
Weekday afternoons		
Weekday evenings	Weekend evenings	
Interests	a interceted in valuate aring	
Tell us in which areas you are interested in volunteering		
Administration(Office Su	pport)	
Events		
Mentoring		
Fundraising		
TutoringMath	Social StudiesReadingWritingScience	
Phone bank		
Newsletter production		
Volunteer coordination		
Special Skills or Qualific	ations	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work,		
or through other activities, including hobbies or sports.		

Previous Volunteer Experience		
Summarize your 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 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.

\*\*ALL APPLICANTS ARE ASKED TO SUBMIT A RESUME