



# Volunteer Application

## Contact Information

Name	
Street Address	
City ST Postal 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   |

## 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. 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.

Signature:

Date:

## **Our Policy**

It is the policy of this organization to provide 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.