



## Volunteer Application

### Contact Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobil Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

### Availability When are you available to volunteer?

\_\_\_\_ : \_\_\_\_ to \_\_\_\_ : \_\_\_\_ Monday

\_\_\_\_ : \_\_\_\_ to \_\_\_\_ : \_\_\_\_ Tuesday

\_\_\_\_ : \_\_\_\_ to \_\_\_\_ : \_\_\_\_ Wednesday

\_\_\_\_ : \_\_\_\_ to \_\_\_\_ : \_\_\_\_ Thursday

\_\_\_\_ : \_\_\_\_ to \_\_\_\_ : \_\_\_\_ Friday

\_\_\_\_ : \_\_\_\_ to \_\_\_\_ : \_\_\_\_ Saturday

### Interests In which areas are you best suited to volunteer?

- Medical  Non- Medical  Sort Volunteer  Driver  Equipment Repair  Warehouse  General  
 Special Event/ Fundraising  Phones/Office Work  Data Entry  Public speaking  Other

### Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

### 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: \_\_\_\_\_

Thank you for completing this application form and for your interest in volunteering with us.