

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Interests

Tell us in which areas you are interested in volunteering

- Administration (filing, copying, scanning, etc...)
- Nutrition (Food bank, Friday Lunch, Meals on Wheels)
- Fundraising (calls, special events, Evening With Friends, etc...)
- Prevention (Outreach, Syringe Exchange, HIV Testing, Health Fairs)

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, State Zip	
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	

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