Volunteer Application

Name _____
Street Address _____
2nd Address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
E-mail _____

Availability
During which hours are you available for volunteer assignments?

__ Weekday Mornings
__ Weekday Afternoons
__ Weekday Evenings
__ Weekend Mornings
__ Weekend Mornings
__ Weekend Mornings

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.

Check all that apply:
__ Parent
__ Single
__ Married
__ Widowed

Previous Mentoring Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency
Name _____
Street Address _____
2nd Address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
E-mail _____

Agreement and signature
By submitting this application, I affirm that the facts set forth in it are true and completed. I understand that if I am accepted as volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
Name (PRINT) _____
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.