



Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings. Time: _____ ___ Weekend mornings. Time: _____
___ Weekday afternoons. Time: _____ ___ Weekend afternoons. Time: _____
___ Weekday evenings. Time: _____ ___ Weekend evenings. Time: _____

Interests

Tell us in which areas you are interested in volunteering; as well as previous experience in each area (if applicable).

___ Administration: _____
___ Events: _____
___ Field work/outreach: _____
___ Fundraising: _____
___ Deliveries: _____
___ Phone bank: _____
___ Newsletter production: _____
___ Volunteer coordination: _____
___ Program Services: Employment/Career Development Housing Services Education and Prevention
___ Tutor: Elementary/Middle School Age Children Teenagers Adults in GED Program
___ Mentor: Youth Teenagers Single-Mothers Ex-Offenders

Background

Do you have felony convictions in your background? YES NO If yes, please list offenses and years.

(Note: Felony convictions will prevent your volunteer service in some areas, but not from all volunteer opportunities.)

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.

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. Additionally, I realize a criminal background check will be required.

Name (printed)	
Signature	
Date	

Demographics

Please self-identify your demographic make-up. This information is requested by our various funding sources

Race/Ethnicity

- White Hispanic
 Asian-American Native-American
 African-American Other _____

Gender

- Male Female

Age

- 16 - 20 21 - 30
 31 - 40 41 - 65
 66 - 81 81+

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.