

## Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
Can We Text You?	<input type="checkbox"/> Yes, at this number: _____ <input type="checkbox"/> No texts please.
E-Mail Address	

## Availability

During which hours are you generally most available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering.

- Administration (general office work)  
 Events  
 Field work  
 Fundraising  
 Deliveries  
 Phone work  
 Newsletter production

## 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.

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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 I will not be paid for any volunteer services provided and that my application submission is not a guarantee of an assignment.

Name (printed)	
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.