

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name:						
Address:						
City:		_ State:			Zip:	
Phone:	Ema	Email:				
Employer:	Posi	Position:				
Any special talents or skills you have that you fe	el would benefit ou	organization?				
Interests: Please tell us in which areas you are i	nterested in volunte	ering:				
Please Indicate days available: Mon Te	ues Wed	Thur	Fri	Sat	Sun	
Times Available: From		to				
Any physical limitations?						
As a volunteer of our organization, I agree to ab	ide by the policies a	nd procedures	. I understar	nd that I will	be	
volunteering at my own risk and that the organi				-		
any liability for accident, injury or health proble	-	-				
organization. I agree that all the work I do is on	a volunteer basis an	d I am not eligi	ble to recei	ve any mone	etary payment	
or reward.						

Signature: ______ Date: ______ Date: ______