



Volunteer Application

Name: _____ Date _____

Address: _____
Street

_____ City State Zip Code

Home Phone: () _____ Cell Phone: () _____

Email _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Check all that apply:

What skills or training do you have and/or your preferences in type of work.

- | | | |
|---|---|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Library | <input type="checkbox"/> Phone | <input type="checkbox"/> Communications/ |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Typing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Internet/Web |
| <input type="checkbox"/> Family Education | <input type="checkbox"/> Other _____ | |

List any additional skills you have: _____

OVER

Interests and/or Hobbies: _____

Please list any certificates, licenses or degrees obtained:

Have you ever been convicted of a criminal offense, including sex-related or child abuse offenses? Yes No

Please indicate your time preferences:

Once Weekly Twice Weekly Once a Month
 Project work Special Events Only
 Other _____

Mornings (9-12) Afternoons (1-4)
 Monday Tuesday Wednesday Thursday Friday

Hours available per day: _____