



VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission, 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. Your information will be securely stored in a confidential data base and will not be released to any outside agency.

Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Any special talents or skills you have that you feel would benefit our organization? _____

Interests: Please tell us in which areas you are interested in volunteering

Administration

Events

Program

Fundraising

Deliveries

Communication

Other

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Times available: From _____ to _____

Any physical limitations? _____

Emergency Contact: Name _____ Phone No. _____

As a volunteer of our organization I agree to abide by the By Laws. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____