



**CONTACT INFORMATION**

Volunteer		Emergency Contact	
Name		Name	
Address		Address	
City, State Zip		City, State Zip	
Home Phone		Home Phone	
Work/Cell Phone		Work/Cell Phone	
E-Mail		E-Mail	

**INTEREST**

<input type="checkbox"/> Administration	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Cash Raffle	<input type="checkbox"/> Volunteer Coordination
<input type="checkbox"/> Newsletter Production	<input type="checkbox"/> Overnight Volunteer
<input type="checkbox"/> Meal Donation	<input type="checkbox"/> Guest Transportation
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Board Member

**AVAILABILITY**

<input type="checkbox"/> Monday	<input type="checkbox"/> One a week
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Once every other week
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Once a month
<input type="checkbox"/> Thursday	<input type="checkbox"/> Once every other month
<input type="checkbox"/> Friday	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

**WORK OR VOLUNTEER EXPERIENCE**

**AGREEMENT**

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. I also understand that a criminal record check will be performed prior my volunteering. 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.

<b>Signature:</b>	<b>Date:</b>
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**Thank you for completing this application and your interest in volunteering with us. GOD BLESS.**