

Volunteer Application

Contact Information

Name	
Address	
Home Phone	
Email Address	
Date of Birth	

Availability

Most volunteer opportunities occur Monday through Friday between the hours of 8:00am and 4:30pm, with exception of the Ombudsman Program. Please share your availability and how often you would like to volunteer?

What Brought You to Us

Why do you want to volunteer with our organization?

How would you like to help our organization?

How did you hear about our organization?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, education or through other activities, including hobbies.

Previous Volunteer Experience

Summarize your previous volunteer experience.

References

Please provide the name, address, and phone number of three non-family members who can provide references on your ability to perform this volunteer position:

1. Name	
Address	
Email Address	
Phone Number	
2. Name	
Address	
Email Address	
Phone Number	
3. Name	
Address	
Email Address	
Phone Number	

Agreement and Signature

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.

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.