



Name: _____ Email: _____

Phone: _____ Address: _____

EMERGENCY MEDICAL INFORMATION

ALLERGIES/MEDICAL CONDITIONS:	
EMERGENCY CONTACT:	
NAME:	
RELATIONSHIP:	
TELEPHONE:	

AVAILABILITY

What area are you most interested in? (check all that apply)

Board Member Program/Supervision Events/Fundraising

PLEASE SPECIFY BEST DAYS FOR VOLUNTEER WORK (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday
(events)

Potential Start Date: _____

How long to do plan to volunteer? _____

EXPERIENCE

Tell us a little about yourself! What do you like to do, life experience, skills (non-education based), ect.



VOLUNTEER ROLES

What are your MAIN interests in volunteering? (Working with youth, after-school program, fundraising, committee work, etc.). And why are you looking to volunteer at our agency.

Are there any restrictions you wish to advise us about your volunteering?

NO **YES** , please explain

REFERENCES

Please provide the names of three (3) persons, not related to you, whom you have known for more than 1 years for reference purposes.

	<u>NAME</u>	<u>TELEPHONE #</u>	<u>ORGANIZATION</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

All information contained on this application is, to the best of my knowledge, true.

Volunteer Signature: _____ Date: _____

OFFICE USE ONLY Reviewed by: _____

Please Indicate When Completed		Notes (if applicable)
References - contacted		
Police Check – submitted (if 18+)		
Days/times confirmed		
Added to Teams channel		