



Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to contribute, 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.

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Student: () Working: () Home Maker: () Retired: ()

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 | | |

Please indicate days available: Mon () Tues () Wed () Thurs () Fri () Sat () Sun ()

Duration (In Date): _____ To _____

Time available: From _____ To _____

As a volunteer of our organization, I agree to abide by the policies and procedures. 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 volunteering 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