

Volunteer Application

Name: _____ Email: _____

Address: (mailing and physical)

Phone # _____ home _____ Birthday (month/day) _____
_____ cell _____

1. Which volunteer work categories are you most interested in? (*Please circle*)

Office/Clerical Visitor Information Special Projects Special Events

2. What qualification/skills/experience/education do you have that you would like to showcase in your volunteer work?

Clerical/ Office Machines

Telephones

Computers

Public Speaking

Writing/Editing

Research/Librarian

Supervision

Teaching

Working with People

3. Based on items circled in 1 and 2, what particular type of volunteer work would you like to do?

4. A. Have you volunteered before? Yes No

B. If Yes, please briefly describe your volunteer experience; _____

5. What are some of your objectives for working as a volunteer?

6. Which months are you available too Volunteer?

Medical & Emergency Information

Please list all medication you are currently taking on a daily basis.

Existing Medical

Conditions:

Emergency contact person

Name

Phone

Address
