



VOLUNTEER APPLICATION FORM

Name _____ Date of Birth _____ Are you over 18? Yes/ No

Address _____ City _____ Zip _____

Phone(s) _____ E-mail _____

Days & Times available for volunteer work _____

Days & Times not available _____

CHECK VOLUNTEER SERVICES PREFERRED

- | | |
|---|---|
| <input type="checkbox"/> Raising Funds | <input type="checkbox"/> Computer data entry |
| <input type="checkbox"/> Helping with special events | <input type="checkbox"/> Help with mailings |
| <input type="checkbox"/> Child supervision during parent support group | <input type="checkbox"/> Computer services |
| <input type="checkbox"/> General office help | <input type="checkbox"/> Phoning |
| <input type="checkbox"/> Expressive Arts | <input type="checkbox"/> Legislative advocacy |
| <input type="checkbox"/> Delivering educational presentations to: (Check all that apply) | |
| <input type="checkbox"/> Adults; <input type="checkbox"/> Teens; <input type="checkbox"/> Youth | |

Other (specify) _____

DO YOU HAVE SPECIAL SKILLS WE MAY NEED SUCH AS:

- | | |
|---|-----------------------|
| Computer _____ | Accounting _____ |
| Computer graphics _____ | Photography _____ |
| Fund raising _____ | Art work _____ |
| Writing _____ | Public speaking _____ |
| Translation/ Interpretation (Please indicate which languages apply) _____ | |

Other _____

Do you drive? _____

Would you consider working from home if applicable for the assignment? Yes/ No

If employed, type of employment _____

If a student, where? _____ Subject major _____

Previous volunteer experience _____

In case of emergency, notify _____

Relationship _____ Phone _____

Physician _____ Phone _____

