



## VOLUNTEER APPLICATION

### PART I: APPLICANT INFORMATION

Last Name	First	MI
DOB	Driver's License Number	Referred By
Home Address	City	State
Work Phone ( )	Home Phone ( )	Zip Code
E-mail Address	Registered on Line: Yes/No	Cell Phone

### PART II: SCHEDULE OF AVAILABILITY

PLEASE CHECK ALL APPLICABLE BOX(ES) BELOW:

a.m./p.m.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Start date: \_\_\_\_\_

### PART III: AREAS OF INTEREST(S): PLEASE CHECK ALL APPLICABLE BOX(ES)

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising/Telemarketing/Solicitation<br><input type="checkbox"/> Public Relations/Community Relations<br><input type="checkbox"/> Deliveries/Drop offs<br><input type="checkbox"/> Client Intake/Liaison<br><input type="checkbox"/> Reception/Phones<br><input type="checkbox"/> Collections/Pick-up<br><input type="checkbox"/> Service Provider Liaison<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Special Events<br><input type="checkbox"/> Mailings<br><input type="checkbox"/> Volunteer Coordination<br><input type="checkbox"/> Data Entry<br><input type="checkbox"/> Office & Clerical<br><input type="checkbox"/> Newsletters & Publications<br><input type="checkbox"/> Web Design/Management |
|--|---|

**PART IV: SKILLS/QUALIFICATIONS:** Please list all skills and qualifications you feel you have that would contribute to the betterment and success of the organization:


List **What** you want to do, **How** you plan to do it and **Why**:




**Where Communities Serve Veterans®**

**PART V: PREVIOUS VOLUNTEER EXPERIENCE:** Please list all previous organization(s) you have served as a volunteer and your responsibilities at each of these organization(s):

Organization	Duties/Responsibilities

**PART VI: EMERGENCY CONTACTS**

Last Name	First	MI
RELATION	Address	Work Phone Home Phone Cell Phone
Last Name	First	MI
RELATION	Address	Work Phone Home Phone Cell Phone

**PART VII: REFERENCES**

Name Address Phone	Relationship & Number of Years Known
Name Address Phone	Relationship & Number of Years Known
Name Address Phone	Relationship & Number of Years Known

**PART VIII: 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 your interest in volunteering with us

Office use only: Date received:	Received by:
Reviewed by:	Approved by: Date: