



Volunteer Application

Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Cell _____ Work _____

E-Mail _____

Volunteer areas of interest to you:

1. _____ 2. _____

3. _____ 4. _____

Relevant skills and experiences:

1. _____ 2. _____

3. _____ 4. _____

Availability: This is not a commitment, just an indication of your preferences.

Summer__ Fall__ Winter__ Spring__ Mon.__ Tues__ Wed__ Thurs__ Fri__ Sat__ Sun__

Emergency Contact

Name: _____ Telephone Number: _____

Relationship: _____

Major health issues that would need to be reported to emergency squad, e.g. diabetes

Parent or guardian signature for applicant under 18 years of age

_____ Date: _____