



# Volunteer Application

Contact Information
Name
Street Address
City ST ZIP Code
Home Phone
Cell Phone
E-Mail Address
Birthdate ___/___ (month/day)

Availability
Which days are you available for volunteer assignments?
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Once a month <input type="checkbox"/> Other
During which hours are you available for volunteer assignments?
<input type="checkbox"/> 9:00-1:00 <input type="checkbox"/> 1:00-5:00 <input type="checkbox"/> Other

Interests
Tell us in which areas you are interested in volunteering
<input type="checkbox"/> Board
<input type="checkbox"/> Lunch
<input type="checkbox"/> Program Volunteer
<input type="checkbox"/> Share Talents
<input type="checkbox"/> Bake Cakes
<input type="checkbox"/> Fundraisers
<input type="checkbox"/> Other (Please specify)

