



# Volunteer Application

## Contact Information

Name	
Street Address	
City, State, Zip Code	
Primary Phone	
Alternate Phone	
E-Mail Address	
Birthday (Month & Day)	

## Age Range

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 46 – 55              |
| <input type="checkbox"/> 18 – 25  | <input type="checkbox"/> 56 – 64              |
| <input type="checkbox"/> 26 – 35  | <input type="checkbox"/> 65+                  |
| <input type="checkbox"/> 36 – 45  | <input type="checkbox"/> Prefer not to answer |

## Availability

How many hours are you available to volunteer?

I am available \_\_\_\_\_ hours per week/month (circle one)

## Requirements

Do you need documentation of volunteer hours in order to fulfill a service requirement?      Yes      No

### If yes...

How many volunteer hours are you required to complete? \_\_\_\_\_

When is the deadline for completing your hours?    Date: \_\_\_\_\_

## Interests

Please indicate which volunteer opportunities you are interested in (check all that apply):

- \_\_\_ Reading to children through the Readers as Leaders Program
- \_\_\_ Assembling kits for kids (learning supplies, hygiene, dental, etc.)
- \_\_\_ Helping with special events (setup, registration, directing guests, etc.)
- \_\_\_ Joining a committee (Evaluation, Community Awareness, Allocations, etc.)
- \_\_\_ Providing general office support (preparing mailings, making copies, labeling books, etc.)
- \_\_\_ Constructing various craft items (event decorations, Christmas tree ornaments, etc.)
- \_\_\_ Hosting a book drive for young children

Please complete both pages of this application.

## Special Skills or Qualifications

Are you fluent in another language?      Yes      No      Language: \_\_\_\_\_

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Phone Number	
E-Mail Address	

## 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. Further, I understand that for some volunteer positions, I may be required to pass a background check.

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 for your interest in volunteering with us!

Please complete both pages of this application.