

Volunteer Application

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Availability

How many hours are you available to volunteer?

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

Interests

Are you interested in volunteering in a specific program? YES / NO (Circle one)

If yes, please check which program you are interested in:

- A Safe Home for Everyone Threads of Hope thrift shop
 Administration / Front Office
 Ashe Family Literacy
 Child Care Resource & Referral

Are you interested in volunteering to become a member of a committee? YES / NO (Circle one)

If yes, please check which committees you are interested in:

- Finance/Audit Community Outreach
 Oversight Resource Development

Special Skills or Qualifications

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

Please complete both pages of this application.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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References

| | |
|---------------------|--|
| Name / Relationship | |
| Phone | |
| Name / Relationship | |
| Phone | |
| Name / Relationship | |
| Phone | |

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

| | |
|----------------|--|
| 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. All volunteers working with children or clients must undergo a criminal background check paid for by the Partnership.

Please complete both pages of this application.

