

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
- Administration
- 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
- Resource Development
- Oversight

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 sides of this sheet.



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 must undergo a criminal background check paid for by the Partnership.

Please complete both sides of this sheet.

