

Volunteer Application Form



Name: _____

Address: _____ Postal Code: _____

Telephone: (H) _____ (B) _____

Email: _____

1. Volunteer and Work experience: _____

2. Skills, training, interests:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> accounting / finance | <input type="checkbox"/> aquatics | <input type="checkbox"/> art | <input type="checkbox"/> board work |
| <input type="checkbox"/> computer data entry | <input type="checkbox"/> crafts | <input type="checkbox"/> customer service/reception | <input type="checkbox"/> driving |
| <input type="checkbox"/> food service | <input type="checkbox"/> fundraising | <input type="checkbox"/> grant writing | <input type="checkbox"/> graphic art |
| <input type="checkbox"/> marketing/promotion | <input type="checkbox"/> music | <input type="checkbox"/> newsletter development | <input type="checkbox"/> organizing events |
| <input type="checkbox"/> photography | <input type="checkbox"/> program development | <input type="checkbox"/> public speaking/tours | <input type="checkbox"/> secretary |
| <input type="checkbox"/> sports | <input type="checkbox"/> teaching | <input type="checkbox"/> writing | other _____ |
| other _____ | other _____ | other _____ | other _____ |

3. What type of Volunteer opportunities are you interested in? _____

4. What age group(s) would you like to work with?

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> children 5-12 | <input type="checkbox"/> youth 12-17 | <input type="checkbox"/> adults |
| <input type="checkbox"/> 50+ adults | <input type="checkbox"/> combination (explain) _____ | |

5. What time of day would you prefer to volunteer? morning afternoon evening

What days of the week? _____ How many hours per day? _____

When would you be available? Start date: _____ Until: _____

