

# Volunteer Application Form

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

Company or Volunteer Group Name: \_\_\_\_\_

**1. When are you available to volunteer? (specify hours of availability)**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Holidays only \_\_\_\_\_

**2. What professional skills or specialized training do you have? (circle all that apply)**

Legal    Computer/Internet    Medical    Writing    Hospitality

Community Organizing and/or Planning    Other: \_\_\_\_\_

**3. List any additional general skills you have: (circle all that apply)**

Typing    Filing    Phone    Computer Skills    Office Machines/Equipment

Other: \_\_\_\_\_

**4. List Your Past Volunteer Experiences:**

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

**5. Please List any diplomas, certificates, licenses, or degrees obtained:**

a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

6. Comments: \_\_\_\_\_

\_\_\_\_\_