



Volunteer Application

Name (First, Last)

Email address

Phone number

Date of birth / age

Do you have a valid driver's license and automobile insurance to transport other adults?

Yes No

When are you able to begin volunteering?

What days are you available to volunteer?

Check all that apply

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekends

*When are you available to volunteer? **

Check all that apply

- Morning
- Afternoon
- Evening
- Weekends

Which volunteer opportunities are you interested in?

- Job training
- Life coaching
- Meetups
- Fundraising
- Transportation
- Office/Filing
- Volunteer Coordinator
- Social Media



Which volunteer opportunities are you interested in? (cont)

- Rescue Field Assistance
- Disabled Assistance
- Teacher - non-credentialed
- Teacher - credentialed
- Counselor - LCSW
- Therapist - Clinical
- Veteran Outreach
- Educational Outreach
- Paralegal
- Phone Outreach
- Marketing
- Tutor
- OTHER:

Briefly describe your volunteer experience.

Note organizations for which you've volunteered, tasks and any supervisory positions you've held.

Emergency Contact

Name and phone number of the person we can contact on your behalf in case of an emergency.

Any physical conditions that limit your ability to perform certain volunteer duties?

Please note any conditions, weight lifting limitations,

Yes No

If yes, what accommodations can The Foundation provide in order for you to volunteer?

List any talents, skills or special training you have