

VOLUNTEER APPLICATION

Name: _____ Today's Date: _____

Address: _____

Birthday: _____ Phone (cell or home) : _____

Email: _____

Occupation: _____ Employer: _____

Educational Background and Areas of Study/Training:

Special skills or interests:

How did you hear about the Shelter's Volunteer Program:

How long would you like to volunteer (e.g. 30 hrs, 6 months, indefinitely, etc):

Are you available for a training program? Yes No

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please explain your previous volunteer experience and your experience with this type of organization:

Please explain what draws you to this agency and what you hope to gain from volunteering here:

Please see above job descriptions and check your interest(s) below as it relates to volunteering at the shelter:

- Childcare Assistant
- General Maintenance/Cleaning
- Fundraising Committee Member
- Development Department Assistant
- Donation Assistant
- Other (please specify):

Agreement and Signature:

Please read the following paragraph and sign on the line provided below:

By submitting this application, I certify that the facts above are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Individuals who volunteer with the Alliance Area Domestic Violence Shelter and its activities do so of their own free will and at their own risk. Volunteers acknowledge that they are assuming all risks associated with volunteer service, including risk of injury. In the event of personal injury, volunteers would be responsible for the full expense of any medical care or attention as well as other harm or expenses arising out of such injury.

Signature: _____ Printed Name: _____

Date: _____