YOUR OFFICE NAME

VOLUNTEER APPLICATION FORM

Sign up to volunteer with us.

Roles that involve children require a background check before the first shift.

ABOUT YOU

Full name *

Mailing address *

Phone *

Email *

Are you 18 or older? *

☐ Yes ☐ No

VOLUNTEERING

Roles you are interested in *

☐ Events ☐ Office help ☐ Working with youth ☐ Driving ☐ Fundraising ☐ Wherever needed

When are you available? *

☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings ☐ Weekends

Skills or experience

Emergency contact (name and phone) *

Two references (name, phone, relationship)

☐ I consent to a background check if my role requires one

Signature *