



Volunteer Application

NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Home Work

Phone: _____ Cell Home Work

Employer: _____ Position: _____

Please indicate days available:

Monday Tuesday Wednesday Thursday Friday Saturday

Times available: From _____ to _____

Any physical limitations? _____

In case of Emergency Contact: Name _____

Address _____

Phone _____

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward. I agree to maintain information on a confidential basis.

Signature: _____ Date: _____