

Volunteer Application

2016 Summer Enrichment



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you committing for volunteer assignments?

9am- 12pm (Specify Camp)

Week 1 June 20-24 _____

Week 2 June 27-July1 _____

Week 3 July 5-8 _____

Week 4 July 11-15 _____

Week 5 July 18-22 _____

Week 6 July 25-29 _____

Week 7 August 1-5 _____

1pm - 4pm (Specify Camp)

Week 1 June20-24 _____

Week 2 June 27-July1 _____

Week 3 July 5-8 _____

Week 4 July 11-15 _____

Week 5 July 18-22 _____

Week 6 July 25-29 _____

Week 7 August 1-5 _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it 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.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Approved Michelle Ginn – CEO
