



# VOLUNTEER APPLICATION

## CONTACT INFORMATION

|                       |  |
|-----------------------|--|
| Name                  |  |
| Street Address        |  |
| City, State, Zip Code |  |
| Mobile Number         |  |
| Alt. Number           |  |
| E-Mail Address        |  |

## INTERESTS

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Office Administration | <input type="checkbox"/> Blogging           | <input type="checkbox"/> Grant Writing  |
| <input type="checkbox"/> Social Media          | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Communications |

## AVAILABILITY

Please indicate days/times available:

|                                    |      |   |    |   |
|------------------------------------|------|---|----|---|
| <input type="checkbox"/> Monday    | From | <input type="checkbox"/> am <input type="checkbox"/> pm | to | <input type="checkbox"/> am <input type="checkbox"/> pm |
| <input type="checkbox"/> Tuesday   | From | <input type="checkbox"/> am <input type="checkbox"/> pm | to | <input type="checkbox"/> am <input type="checkbox"/> pm |
| <input type="checkbox"/> Wednesday | From | <input type="checkbox"/> am <input type="checkbox"/> pm | to | <input type="checkbox"/> am <input type="checkbox"/> pm |
| <input type="checkbox"/> Thursday  | From | <input type="checkbox"/> am <input type="checkbox"/> pm | to | <input type="checkbox"/> am <input type="checkbox"/> pm |
| <input type="checkbox"/> Friday    | From | <input type="checkbox"/> am <input type="checkbox"/> pm | to | <input type="checkbox"/> am <input type="checkbox"/> pm |

Any physical limitations?

## EMERGENCY CONTACT

|               |  |
|---------------|--|
| Name          |  |
| Relationship  |  |
| Mobile Number |  |

## 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.

## ACKNOWLEDGEMENT AND SIGNATURE

As a volunteer of Metropolitan Community Services, 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.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|