

VOLUNTEER APPLICATION

Strengthening Our Communities

*Required			
Name:*			
Street Address:*			
City ST Zip Code:*			
Home Phone:			
Work Phone:*			
E-Mail Address:*			
Availability			
During which hours are you	available for volunteer a	assignments?	
Weekday mornings	special events		
Weekday afternoons	special projects	S	
Weekday evenings	Saturdays only		
Interests Tell us in which areas you are	e interested in voluntee	ring. (Choose up to 3 areas)	
Administration			
Event Planning			
Research			
Outreach			
Marketing			
Fundraising			
After School Program			
Instructor			
Social Media			
Media/PR			
Mentoring			
PERSONAL INFORMATION			
Date of Birth:*	City of Birth:*		
Favorite Color:	School:	Graduated: Yes	No
Favorite Movie:			
Area of Expertise and/or page	ssion:*		

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualification you have acquired from employment, previous volunteer, work, or through other activities, including hobbies or sports.			
Previous Volunteer Exp	perience		
Person to Notify in Cas	se of Emergency		
Name:*			
Street Address:*			
City:*	State:	Zip Code:	
Home Phone:*			
Work Phone:			
Email Address:*			
AGREEMENT and SIGN	ATURE		
By submitting this appl	ication, I affirm that the f	facts set forth are true and complete. I understand that if	
		ts, omissions, or other misrepresentations made by me	
	result in my immediate		
Name (Printed)			
Signature:			

OUR POLICY

It is the policy of this organization to provide equal opportunities without to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in joining Leadership and Arts Coalition.