

VOLUNTEER APPLICATION

NAME _____ **Date of Birth** ____ / ____ / ____

Cell Phone (____) _____ **Email** _____

Address _____ **Apt #** _____

City _____ **State** _____ **Zip** _____

Emergency Contact _____ **Relationship** _____ **Phone** (____) _____

SKILLS AND INTERESTS

Please note your areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Board Games (Dominos, chess, etc.) | <input type="checkbox"/> Sports Games (Ping Pong, Basketball, etc.) |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Socialization with members |
| <input type="checkbox"/> Event Set up/Clean Up | <input type="checkbox"/> Event Worker |
| <input type="checkbox"/> Music/Dance | <input type="checkbox"/> Do you play an instrument? Which one? _____ |
| <input type="checkbox"/> Other _____ | |

- I prefer:**
- | | |
|--|--|
| <input type="checkbox"/> Working independently | <input type="checkbox"/> Working as part of a group |
| <input type="checkbox"/> Interacting with members | <input type="checkbox"/> No Preference |

I'm interested in helping at the following:

- | | |
|---|--|
| <input type="checkbox"/> Luncheons | <input type="checkbox"/> Holiday Open House |
| <input type="checkbox"/> Tea Parties | <input type="checkbox"/> Dinner Dances |

Please indicate the time frames that you are typically available to work:

Day of the Week	Time Available		
	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

- I understand that this is an application for a volunteer position for which there is no monetary compensation.
- I agree to abide by the policies and code of conduct of the Carl Shechter Southwest Focal Point Community Center. Failure to do so will result in immediate dismissal.
- I understand that I will be supervised by Community Center staff who will be responsible for determining my assignments.
- I understand that some events may require specific clothing items (such as white shirt/black pants).
- I understand that I will be provided with breaks, and except in case of emergency, that is the only time during which my phone can be in use.
- Volunteer assignments are made on as-needed basis.

Signature of Volunteer _____ Date _____

OFFICE USE ONLY

Date Received _____ Date Reviewed _____ Date Interviewed _____

Active as of _____ Inactive as of _____

Signature of Volunteer Coordinator _____