



Let's help

VOLUNTEER APPLICATION

Application Date: _____

Contact Information

Last Name		First Name		Middle Initial	Date of Birth
Home Address		Town/City		State	Zip
Mailing Address (if different from above)		Town/City		State	Zip
Home Phone		Cell Phone		Email	
Social Media Handles/Usernames (optional)					

Volunteer Interests (Check All That Apply)

<input type="checkbox"/>	Data Entry/Computer Work	<input type="checkbox"/>	Donation Pick-Ups & Drop-Offs	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	General Office Work	<input type="checkbox"/>	Grant Research/Writing	<input type="checkbox"/>	Laundry
<input type="checkbox"/>	Marketing/PR	<input type="checkbox"/>	Purchasing & Inventory Mgmt.	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Sorting Garments	<input type="checkbox"/>	Wholesaler Relationship Mgmt.	<input type="checkbox"/>	Other:

Relevant Work or Volunteer Experience

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Availability

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours (e.g., 8a to 4p)						
Seasonal Availability (if different)						

Emergency Contact Information

Name of Contact		Relationship	Phone	Alternate Phone
Address		Town/City	State	Zip

Language Skills (Rate fluency level 1 - 5, with 5 being the highest)

Spoken	Written
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Supplementary Section for Youth Volunteers

Name of High School		Year of Graduation
Program Requiring Volunteer Hours	No. of Hours Required	Deadline for Obtaining Hours