



# Volunteer Application

## GENERAL

PLEASE PRINT

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Primary \_\_\_\_\_ Text: yes no Secondary: \_\_\_\_\_ Text: yes no

Email \_\_\_\_\_

Preferred Mode of Contact:  voice  text  email

Preferred Time of Contact:  \_\_\_\_\_ A.M.  \_\_\_\_\_ P.M.  No Preference

Occupation (past if retired) \_\_\_\_\_

Days/Time Available: Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

## INTERESTS / EDUCATION / EXPERIENCE

### Interests

Working with Children  Working with Adults  Working with Seniors  Advocacy

ACT Now Network  Mentoring  Administrative  Volunteer Recruitment/Retention

Driving (to appointments)  Training  Fundraising

### Education

Graphic Design  Computer Technology  CPR  Nursing  Marketing Communication

Business  Finance  Other Technical \_\_\_\_\_

### Experience

Social Services Work (list) \_\_\_\_\_  Red Cross

Military(branch) \_\_\_\_\_  Other \_\_\_\_\_