# **Volunteer Application**



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

## **Availability**

During which hours are you available for volunteer assignments?

Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings

#### Interests

Tell us in which areas you are interested in volunteering

- \_\_\_\_ Administration
- \_\_\_\_ Events
- \_\_\_\_ Field work
- \_\_\_\_ Fundraising
- \_\_\_\_ Deliveries
- \_\_\_\_ Newsletter production
- \_\_\_\_ Volunteer coordination

### **Special Skills or Qualifications**

Are there any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that you would like us to be aware of?

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I knowingly and voluntarily assume any risks and full responsibility for any personal injury or illness, including death, which may be sustained by me, or any loss or damage to property owned by me, as a result of or in any way arising out of, my volunteering with Hidden Angels, or in travel to and from volunteer locations and facilities. I acknowledge that I am solely responsible for medical or other costs arising out of any bodily injury, illness, or property damage or loss sustained by me through my voluntary participation.

I hereby agree to indemnify and hold harmless the Releases against all liability for any personal injury or illness, loss or damage to property, or costs, including court costs and attorneys' fees that may result from or arise out of my volunteering.

Name (printed)	
Signature	
Date	
Parent Signature (If minor)	
Relationship	

### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with us. It's because on people like you at we are able to make a difference!