

WISH Volunteer Application

Contact Information	
Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability	
During which hours are you ava	ilable for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings
<u> </u>	
Interests	
Tell us in which areas you are int	erested in volunteering
Administration	Audio/Visual Needs
Events	Computer/Data Entry/Typing
Field work	
Fundraising	
Deliveries	
Phone bank	
Volunteer Coordination	
other	
C	
Special Skills or Qualificati	
work, or through other activities	alifications you have acquired from employment, school, previous volunteer s, including hobbies or sports.

Previous Volunteer Experien	ce			
Summarize your previous volunteer experience.				
Personal Reference (1)				
Name				
Street Address				
City, State, ZIP Code				
Home Phone				
Work Phone				
E-Mail Address				
Community References (2)				
v				
	Reference #1	Reference #2		
Name				
Street Address				
City, State, ZIP Code				
Home Phone				
Work Phone				
E-Mail Address				
Person to Notify in Case of E	mergency			
Name				
Street Address				
City, State, ZIP Code				
Home Phone				
Work Phone				
E-Mail Address				

Αg	reem	ent	and	Sign	nature

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.

Name (printed)	
Signature	
Date	

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 form and for your interest in volunteering with us.