

# Volunteer Application



## Contact Information

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

## Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM-12 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 PM-4 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Interests

Tell us in which areas you are interested in volunteering.

- |   |  |
|---|--|
| <input type="checkbox"/> General Office   | <input type="checkbox"/> Seasonal Programs (STARS/Christmas Store/Baskets) |
| <input type="checkbox"/> Senior Nutrition | <input type="checkbox"/> Special events                                    |
| <input type="checkbox"/> Summer meals     | <input type="checkbox"/> Pattee Learning Center                            |
| <input type="checkbox"/> Food Pantry      | <input type="checkbox"/> Community Garden                                  |
| <input type="checkbox"/> Thrift Store     |  |

## Special Skills or Qualifications

Tell us about yourself. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Good organizational skills       | <input type="checkbox"/> Office skills                 |
| <input type="checkbox"/> Fund raising skills              | <input type="checkbox"/> Have a valid driver's license |
| <input type="checkbox"/> Enjoy socializing with others    | <input type="checkbox"/> Have a truck                  |
| <input type="checkbox"/> Prefer working alone             | <input type="checkbox"/> Can do heavy lifting          |
| <input type="checkbox"/> Experience working with children | <input type="checkbox"/> Teaching experience           |

Have you ever been convicted of a felony?  Yes  No

If yes, please explain:

The following answers will be used for statistical purposes only.

Are you a veteran?  Yes  No

Is any member of your family a veteran?  Yes  No

Are you a senior citizen?  Yes  No

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home or Cell Phone	
Work Phone	

### 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.

Name (printed)	
Signature	
Date	

### Our Policy

Jamieson Community Center is an equal opportunity employer and provider.

Thank you for completing this application form and for your interest in volunteering with us.