

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.