

# The Central Family Life Center, Inc.

## Volunteer Application



### Contact Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City ST Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Program/Organization Referred by:

What school do you currently attend?

Is this to fulfil Community Service requirements for graduation?    YES    NO

### Availability

During which hours are you available for volunteer assignments?

Weekday mornings      Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_ Friday

Weekday afternoons    Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thur. \_\_\_\_ Friday

Weekends                mornings    afternoons    evenings

### Interests

Tell us in which areas you are interested in volunteering

Administration

After School Tutorial

Fundraising

Newsletter production

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

**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.

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.