

Added to database

Regular

Date: _____

Adult Volunteer Application

(Over age 18)



Contact Information

Name	
Street Address	
City/State/ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

Circle days and indicate times you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Pick-Up Donations |
| <input type="checkbox"/> Computers/Database | <input type="checkbox"/> Newsletter production |
| <input type="checkbox"/> Copywriting | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Design/Art | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Other |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including knowledge of foreign languages.

Please fill out other side

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

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

Community Service

Are you volunteering as a result of court-ordered community Service? Yes No

If yes, please explain.

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Authorization

I consent to the unrestricted use by Neighbor to Neighbor and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

YES NO

Agreement and Signature

I acknowledge that I have voluntarily agreed to participate in the Neighbor to Neighbor ("NtoN") volunteer program. I understand that as a volunteer, I will not be paid for my services, that I will not be covered by any medical or other insurance provided by NtoN, and that I will not be eligible for Workers' Compensation benefits. I will respect the confidentiality and privacy of clients and other volunteers with whom I come in contact at any time.

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 donating your time to Neighbor to Neighbor.