



Alliance Center for Independence
Activism. Information. Independent Living.

Volunteer/Office Skills Program Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth	

Availability

During which days are you available for volunteer assignments?

- Monday Thursday
 Tuesday Friday
 Wednesday

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Office Skills (typing, filing, etc.) | <input type="checkbox"/> Calendar of Event Production |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer coordination |

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 and Accommodations

Summarize your previous volunteer experience and list any accommodations required.

--

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.

Staff Comments