



Volunteer Application

Name: _____

Address: _____

Phone number: _____ Email: _____

Emergency Contact (Name, Relation, Phone): _____

List days and times which you would prefer to volunteer: _____

When can you start? _____

Previous volunteer experience (Location, Dates, Responsibilities): _____

This next section will help you determine what volunteer activities you might like to participate in. Please check the areas that interest you.

- Tutoring – which subjects? _____
- Arts/Crafts Assistant
- Helping Children Read
- Shelving Materials/Organizing Books
- Phone Calls/Clerical Work
- Fundraising
- MakerLab Assistant (3D printing, sewing, photography, video editing. etc.)

Interests/special skills or jobs not listed that you are interested in: _____

(Below is for office use only)

Date to begin volunteering _____

Department _____ Staff name _____