



COMMUNITY OUTREACH VOLUNTEER PROGRAM

SANCTUARY AT HOMESTEAD (SAH) AKA CINCINNATI ARSENAL GAMING (CAG)

Personal Information:

First Name:

Last Name:

Email Address:

Phone Number:

Address:

City:

State/Province:

Zip/Postal Code:

Membership Information:

What level of involvement are you interested in? (Board Member, Member, or Volunteer)

Are you interested in becoming a Board Member? (Yes/No)

Are you interested in becoming a member? (Yes/No)

Have you previously volunteered for SaH or CAG? (Yes/No)

Skills and Experience:

Please briefly describe any relevant skills, experience, or interests that you have that you believe could contribute to SaH and the Community Outreach Volunteer Program.

Availability:

How many hours per week are you willing and able to commit to SaH and the Community Outreach Volunteer Program?

Are you available to attend Conventions, Events, and Meetings throughout the year?

Do you have any scheduling conflicts or restrictions that we should be aware of?



References:

Please provide the names and contact information of two references who can speak to your character and work ethic.

Name: _____ Contact info: _____

Name: _____ Contact info: _____

Additional Information:

Do you have any physical limitations or allergies that we should be aware of?

Are you willing to undergo a criminal background check and prepare a mock outreach presentation before volunteering unsupervised?

Do you have access to a computer, email, internet, phone, and reliable transportation?

Do you have any questions or concerns that you would like to discuss with us before applying?

Membership Fees:

Board Members pay an annual due fee of \$100.

Members pay an initial annual due of \$50 and then \$25 for every subsequent year.

Volunteers have the option to become a member by paying their annual dues for membership.

https://www.paypal.com/donate?campaign_id=RYPWRJSCVHBJQ

Signature:

By signing below, I confirm that all the information I have provided on this form is accurate and complete to the best of my knowledge. I understand that I may be asked to provide additional information or undergo further screening before being accepted as a Community Outreach Volunteer.

Signature: _____

Date: _____

Amount Due: _____