



PEACE ~ OVERCOME ~ WIN ~ ENCOURAGE ~ RESPECT

## Volunteer Application Form

Date: \_\_\_\_\_

### Personal Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

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### Emergency Contact

Name: \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

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Education \_\_\_\_\_

Employment History (current or previously retired) \_\_\_\_\_

\_\_\_\_\_

Does your employer have an Employee Volunteer Incentive Program? \_\_\_ Yes \_\_\_ No

Would you like us to keep your employer informed of your volunteer service and achievements?  
\_\_\_ Yes \_\_\_ No

Special training, skills, hobbies \_\_\_\_\_

\_\_\_\_\_

How did you learn about **emPOWERment Dess Perkins** volunteer program? \_\_\_\_\_

\_\_\_\_\_