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| IT TAKES TWO, INC Volunteer Application |  |

## Contact Information

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

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Administration |
| Events |
|  Program/workshop Facilitator/Coordinator |
| Fundraising |
| Social Media |
| Marketing & Advertising |
| Newsletter/Content production |
| Volunteer coordination\_\_\_ Public & Community Relations  |
|  |

## Special Skills or Qualifications (“*See Resume*” is acceptable, if appropriate)

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience (“*See Resume*” is acceptable, if appropriate)

### 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 |  |
| Work Phone |  |
| E-Mail Address |  |

## Volunteer Questionnaire

**Are you able to commit at least 10 hours per month to IT TAKES TWO, INC**?

**Are you comfortable initiating a new program and taking the lead on the project? Provide an example of a program that you have successfully implemented.**

**What do you consider to be your areas of strength and what are those areas where you feel you may not be as strong, or would like to develop further? (i.e. fundraising, leadership, public speaking, logistics, etc)**

## 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.