## **ACTS Global, 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 av	ailable for volunteer assignments?	
During which flours are you av	anable 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		
Saturday H.E.A.T Boot Camp Classes		
Social Media		
Deliveries		
Fundraising		
Newsletter production		
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		
Summarize your previous volunteer experience.		
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. Background check is required before volunteering for the summer camp and after school program.

Thank you for completing this application form and for your interest in volunteering with us.

\*Please email application to  $\underline{info@actsglobalinc.com}$ , or bring to a listed ACTS Global, Inc. community event\*