



Volunteer Application

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Previous Volunteer Experience:

Occupation (Past occupation if retired): _____

What strengths do you have that would make you an asset to the team?

Languages Spoken: _____

What type of volunteer work are you interested in?

How much time are you interested in spending volunteering with us?

- One time only/Special event
- Long term volunteer
- Unsure

Availability (circle all that apply)

Mon Tues Wed Thurs Fri Sat Sun Morning Afternoon Evening

Hours Per week you would like to volunteer: _____

Please elaborate on your availability:

Do You Have Any Physical Condition that May Limit Your Activities?

Yes No

If Yes, Describe:

Are there any specific volunteer activities with Arieshaswings that you would prefer not to be involved with?

Yes No

If Yes, Describe:

Who To Notify in Case of An Emergency? _____

Telephone Number: _____

Anything else we should know?

Signature: _____ **Date:** _____