



Volunteer Application

Name: _____

Nickname: _____ Date of Birth: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: (_____) _____

Share your email address so we can follow up with you about volunteering through Fit and Faithful Living Inc. (FFL) and to receive exclusive volunteer news and resources: _____

Seasonal Address (if applicable): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Seasonal State Date: _____ Seasonal End Date: _____

How can we best contact you? (Please check a box below)

Home Phone Cell Phone Email

When is the best time to contact you? Morning Afternoon Evening Weekend

Position Intern/Volunteer (if known): _____

How did you hear about volunteering with FFL? _____

Personal Information:

FFL attempts to achieve a balance of age, gender, and ethnicity in its programs. You are not required to provide this information. It is being collected for program evaluation purposes only.

Gender: Male Female

Race/ Ethnicity:

Black/African American/Caribbean Asian/Pacific Islander
 Caucasian Hispanic/ Latino Native American Other _____

Interests (it would be helpful for us to know other areas that may interest you. Please check all that apply.)

<input type="checkbox"/> Nutrition / Health	<input type="checkbox"/> Public Speaking / Presenting	<input type="checkbox"/> FFL Driver Safety
<input type="checkbox"/> Education / Training	<input type="checkbox"/> FFL Grant Seeking	<input type="checkbox"/> Social Media & Photography
<input type="checkbox"/> Helping Kids & Instructors	<input type="checkbox"/> Community Activities	<input type="checkbox"/> Assisting with Special Events
<input type="checkbox"/> Helping Others Manage Health	<input type="checkbox"/> Communications & Marketing	<input type="checkbox"/> Clerical / Administrative Skills

Skills: (Please check all that apply.)

<input type="checkbox"/> Advocacy / Promoting Issues	<input type="checkbox"/> Writing / Editing	<input type="checkbox"/> Clerical / Administrative
<input type="checkbox"/> Training / Facilitation	<input type="checkbox"/> Community/Grassroots Organizing	<input type="checkbox"/> Leadership
<input type="checkbox"/> Computers & Technology	<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Research	<input type="checkbox"/> Grant Writing	

In what language, other than English, are you fluent? _____

What is your current employment status? : Retired Full Time Part Time Not Working

Availability: When are you available to volunteer?

Weekdays: Day Evening **Weekends:** Day Evening

Assignments: Short-term Long-Term (1 year commitment) As Needed

Where: My Town/ City My State Out of State Other

Starting when? _____

I hereby attest that the information I have provided in this application is true to the best of my knowledge.
By submitting this form, I agree to allow FFL to contact me about volunteer-related opportunities.

Signature: _____ Date: _____

Please attach a resume, if available. Thank You!

For Office Use Only

Approval: _____ Date: _____

Volunteer Type: _____

Activity/ Program: _____

Position: _____

Title: _____

Local Title: _____

Volunteer has given permission to be contacted by email. Yes No

Preferred method of communication: Email Telephone Mail No Preference

Assignment Information:

1. Add New Assignment Business Cards Name Badge Assignment Letter
2. Reassignment Reassignment Letter
3. End Assignment Thank You Letter
4. Reorder Supplies

Start Date: _____ End Date: _____