

Volunteer Application



HILLSIDE
Fostering Abilities • Creating Community

Afternoons
Evenings

Skills, Education, & Experience

Check any special skills or experience you have.

- | | |
|---|---|
| <input type="checkbox"/> Activities with disabled adults | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Arts/crafts | <input type="checkbox"/> Event Coordination |
| <input type="checkbox"/> Repair/construction work | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Gardening/Horticulture | <input type="checkbox"/> Literacy Tutoring |
| <input type="checkbox"/> Professional writing/editing | |
| <input type="checkbox"/> Languages other than English: _____ | |
| <input type="checkbox"/> Strong computer skills (please circle) PC Mac Word Excel | |
| Other: _____ | |

Provide volunteer and/or relevant work experience related to the position for which you applied.

Organization

Job Title/Start and End Dates

Supervisor's Name & Phone Number

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Education Completed

- High School College Degrees: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

The following information is used only in the event of an emergency where the volunteer is unable to respond.

Physical or mental disabilities or limitations _____

Chronic conditions (allergies, diabetes, other) _____

Certification & Signatures:

I certify that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. This application must be signed in ink and dated.

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Applicant signature _____ Date _____

Parent/guardian signature if applicant is a minor _____ Date _____
