

Volunteer Application



Contact Information

Name	
Date of Birth	
Street Address	
City, ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Social Security Number <small>(for background check purposes only)</small>	

Availability

Which hours and days of the week work best for you for volunteer assignments?

	8am - 12pm	12pm - 4pm	4pm – 8pm	Overnight
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Interests

Tell us in which areas you are interested in volunteering. We want to put you where you can best help us help others! **If you are requesting to become a Foster Family, please reach out to us for the appropriate application.**

- Administration
- Events
- Field work with animals
- Field work with people
- Field work in Community Gardening
- Fundraising
- Phone bank
- 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.

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Previous Volunteer Experience and/or Criminal Background

Summarize your previous volunteer experience. You may also list any misdemeanors or other previous convictions. Please note that a background check will be done but will not determine a dismissal or approval by the nonprofit. Having a past should not exclude anyone and we are strong supporters of second chances.

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1st Person to Notify in Case of Emergency

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

2nd 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. **If you are under 18 or a ward of the state, you and your parent/guardian must print and sign.**

Volunteer Name (printed)	
Parent/Guardian Name & Signature	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, spiritual beliefs, national origin, gender, sexual preference, age, disability, or any other identifier.

Thank you for completing this application form and for your interest in volunteering with us! **Please return by email to info@foxvalleyfarmsinc.org.**