



Date:	
Personal Info	ormation
Name	'
Last	First MI
Street Address	
City/State/Zip	
e-mail	
Home Phone Wo	ork Phone Mobile Phone
Best time to callam/pm (circle one)	Okay to leave message at work? Yes No
OccupationEmploy	ver/School
Does your employer have a matching gift program?	
Emo	ergency Contact
Name	Relationship
Home Phone	
-	
<u>.</u>	<u>Availability</u>
Circle One: Daily Weekly A	As Needed Special Projects/Events
Available Days: Mon Tue Wed Thu Fri S	Sat Sun (Please note: Please check the program schedules on our website)
Available Times: Morning Afternoon	Evening
Other Notes Concerning Availability:	
Reason for volunteering:	(Please list if this is required for school or court-ordered)
How did you learn about Face to Face?	
Do you currently volunteer at Face to Face? Yes	No
Have you volunteered at Face to Face before? Yes	
If yes, in what program/capacity?	
For Office Use Only:	
Contact Date: Interview Date:	Attended Valunteer Werkshop

Types of Volunteer Experience: (Please indicate all you would like/are qualified to do at Face to Face – circle all that apply)

Working in Our Offices	Working in Our Programs or Related Services	Maintaining Our Facilities
Computer – general Data entry	Dining Room (Fridays-Tuesdays) Prepare meals Set up/Serve/Clean up Casserole Cook	General Cleaning
General Office Work	Health Center Nurse Practitioner RN LPN Dentist(evaluation & referral only) Reiki Nutrition	Carpentry/General Repair
Public Relations/Social Media	Legal Center Lawyer Para Legal Law Student Physician (disabilities screening)	Electrical Repairs
Writing Articles	Social Services Center MSW BSW Other	Plumbing
Phone solicitations		Painting
Marketing/promotion		Photography
Event Assistance Silent Auction (Spring) Turkey Trot (Thanksgiving Day)	Art Program	Security Substitute
Other events as needed	Computer Instruction Computer Room Monitor	

	Computer Room Monitor	
Signature of Applicant		
For Office Use Only:		

Contact Date:_____ Attended Volunteer Workshop:_____