Volunteer Application

Please Print

First Name   Last Name

_____

Address   City/State/Zip

_____

Telephone Number   Email Address

_____

Personal Information (please circle correct response)

Gender: Male   Female

Physical Limitations: No   Yes

Please Explain_____

Listed Sex Offender   No   Yes

List previous work/ occupation or volunteer experience

1._____

2._____

3._____

Skills

1._____

2._____

3._____

Languages

1._____

2._____

Volunteer Availability (Circle all that apply)

Number of Days per Week

1	2	3	4	5	6

Monday	Tuesday	Wednesday	Thursday

Friday	Saturday

In an emergency, notify:

First Name   Last Name

_____

Address   City/State/Zip

_____

Telephone Number

_____

EveryNonprofit's Position On The Nationwide Problem Of Child Abuse

We make an active effort to prevent child abuse, which may include but is not limited to the following: A background check, and references from past employers and volunteer organizations. When practical, volunteers should not put themselves in a position in which they are alone with a single child and cannot be observed by others. Allegations or suspicions of child abuse are taken seriously and are reported to police and/or state agencies for investigation.

EveryNonprofit's goals for children are:

1. To help children develop to their fullest potential.

2. To deliver programs in a positive EveryNonprofit environment of safety, support and care.

3. To support and strengthen the family unit. Additional Volunteer

Code Of Ethics And Rules

I have been informed of EveryNonprofit's position regarding child abuse, and have read and understand that portion of my Volunteer Application and Agreement titled "EveryNonprofit's Position on the Nationwide Problem of Child Abuse." Child abuse will not be tolerated and will lead to immediate dismissal. It is the policy of this organization to provide equal opportunities

without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

In signing this I agree to above terms and agree that my above information is true.

Volunteer's Signature   Date

_____

For Office Use Only

Volunteer Name

_____

Organization Director

_____

Start Date   End Date

___/___/___   ___/___/___