

Potential Volunteer Application

Contact Information

NAME	First		Middle		Last	
HOME Street Address						
HOME City		ST		ZIP		
Preferred Phone	<input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work					
Preferred E-Mail Address	<input type="checkbox"/> personal <input type="checkbox"/> work					

How did you learn of potentially volunteering with Pat's Place, and/or who referred you to Pat's Place for volunteering?

Availability

During which hours are you available for volunteer assignments? (Please check availability.)
(Administrative volunteer times are currently 2-4 hour time blocks on weekdays, 8am-5pm.)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT.	SUN.
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interests

In which areas you are interested in volunteering?

- administration (greeting, phones, data entry, etc.)
- internship (MSW, marketing)
- building/grounds (beautification, repair)
- special events

Other, please specify:

Language fluencies:

Please summarize why you would like to volunteer at Pat's Place and what you would like to gain from this experience:

Volunteer Applicant's Name:

Experience and Additional Information

Are you currently employed? Yes No

Place of employment (if applicable):

Are you currently certified in CPR? Yes No

Please list special/computer skills, employment experience, or volunteer experience you have relative to your volunteer interest(s). If you have prior volunteer experience, please list the organization(s):

Are you interested in volunteering for class credit? Yes No

If yes, please list the class name and instructor:

Emergency Contact

Name		Relationship to you	
Home Street Address			
Home City		ST	ZIP
Preferred Phone			
Preferred E-Mail Address			

Agreement and Signature

By submitting this application, I affirm the facts set forth in it are true and complete. I understand 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.

Name	First		Middle		Last	
Signature						
Today's Date						
Birth Date*						

**Potential volunteers under the age of 18 must be accompanied by an adult.*

Our Policy: *It is the policy of this organization to provide equal opportunities without regard to race, ethnicity, religion, national origin, gender, sexual orientation, age, or ability status.*

***Thank you for completing this application
and for your interest in volunteering with Pat's Place Child Advocacy Center.***