Volunteer Application

Contact Information

Name	
Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Emergency Contact	

Availability

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Morning							
Afternoon							
Evening							

Interests

Office Work _____ Grant Writing_____ Helping with Events _____

Newsletters_____ Fundraising _____ Childcare_____

Transportation_____ Coordinating Volunteers_____

Other_____

Special Skills or Talents:
Previous Volunteer or Work Experience

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. I agree that any information on clients receiving services at The Healing Nest is not to be shared outside this facility or to be discussed with anyone including other volunteers. Thank you for completing this application and for your interest.

_____ _____ _____

Printed Name Signature Date

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. The Healing Nest is a 501(c) (3) non-profit organization.