

VOLUNTEER APPLICATION

Name (including maiden name): _____

Home Address: _____ City: _____ Zip: _____

Email: _____ Phone #: _____ Text? Yes No

Date of Birth: _____ Social Security #: _____ **verified by:** _____

TMP Volunteer Coordinator/Director

Male Female Race: _____ Ethnicity: _____

Place of Employment (or School): _____ Position (or grade): _____

Emergency Contact: _____ Cell Phone #: _____

References:

_____	Phone _____	Email _____
_____	Phone _____	Email _____
_____	Phone _____	Email _____

Will you be volunteering as

- An individual or
 A representative of a Company/Organization (please include name) : _____

Have you volunteered previously? Yes No

If yes, where? _____ Date(s): _____

What did you do there? _____

Please list community organizations to which you belong. _____

- Member Committee Chair Board Member

What three causes or social issues most concern you and why?

What skills and experience do you bring to the Main Place? (Check all that may apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Fashion Background | <input type="checkbox"/> Research |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Organization | <input type="checkbox"/> Writing |

Besides English, list any other language you speak or write: _____

Other skills: _____

Do you have any current health problems that may affect your ability to work in any volunteer position?

- Yes No If yes, please describe: _____



Current Schedule

Please check your availability.

- | | | | |
|--|--------------|--|--------------|
| <input type="checkbox"/> 1 st Thursday | 5 pm – 8 pm | <input type="checkbox"/> 4 th Wednesday | 5 pm – 8 pm |
| <input type="checkbox"/> 2 nd Wednesday | 5 pm – 8 pm | <input type="checkbox"/> 4 th Saturday | 9 am – 12 pm |
| <input type="checkbox"/> 2 nd Saturday | 9 am – 12 pm | <input type="checkbox"/> Each Wednesday | 10 am – 2 pm |

I grant permission for The Main Place to use photographic or video images taken of me during volunteer work and events for use in media or other publications in relation to The Main Place programs, and to which copyright of these images will be held by The Main Place.

I grant permission for The Main Place to add my email to their mass email distribution list. The Main Place does not sell or share your personal information. After being added to the email list I understand that I can opt out at any time.

I have given permission for CIA to do a background/criminal check.

The Main Place is accountable to many sources for the use of its funds and for its board and volunteers' conduct. It is necessary for The Main Place to comply with and document all the requirements for these sources. Service to others necessitates flexibility, so we encourage all volunteers to use good judgment and to treat clients with respect. Adherence to The Main Place's philosophy and the practice of good stewardship is expected of everyone.

I agree to abide by the policies and regulations of The Main Place throughout my association with the agency. I understand that my association with The Main Place is by mutual agreement and that I am a volunteer. I understand that *confidentiality of client information and The Main Place affairs is mandatory* and it is my ethical obligation as a volunteer to adhere to strict compliance, and any breach of confidentiality is reason for termination of any relationship with The Main Place as a volunteer.

We cannot accommodate court appointed community service applications.

Printed Name: _____ Date: _____

Signature: _____

Volunteer Coordinator or Director: _____

Thank you for giving back to your community!