

Volunteer Application



Contact Information

All fields must be completed to Participate

Name		
Street Address,		City ST ZIP
Date of Birth		
Drivers License Number		
Home Phone		Cell Phone
E-Mail Address		

Employment Information

Name		
Street Address,		City ST ZIP
Work Phone		

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Response
<input type="checkbox"/> Events	<input type="checkbox"/> Deliveries	<input type="checkbox"/> Disaster Assistance
<input type="checkbox"/> Field work	<input type="checkbox"/> Phone bank	<input type="checkbox"/> Disaster Response
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Trainer
<input type="checkbox"/> CERT	<input type="checkbox"/> _____ Other	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

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. And that a law enforcement background check will be completed.

Name (printed)	
Signature	
Date	

Our Policy

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.

Thank you for completing this application form and for your interest in volunteering with us.

Please submit this application to;

Henry County EMA/DHS
216 South 12th Street
New Castle, IN 47362