

# DSAGC Volunteer Application



## Contact Information

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

## Availability

During which hours are you available for volunteer assignments?	
<input type="checkbox"/> Week day mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering Please Circle	
<input type="checkbox"/> <b>Office Work</b>	
<input type="checkbox"/> <b>Fundraising Events:</b> Buddy Walk Golf Tournament Motor Racing Extravaganza	
<input type="checkbox"/> <b>Program Support:</b> Early Matters School Age Matters Adult Matters Adoption	
<input type="checkbox"/> <b>Family Events:</b> Winter Dance Kids First St. Patrick's Day Parade Annual Picnic Annual Holiday Party Buddy Walk After Party	
<input type="checkbox"/> <b>Committees:</b> Development Governmental Affairs Finance Communications	
<input type="checkbox"/> <b>Public Relations and Awareness:</b> Deliveries Writing Outreach to Teachers/ Health Professionals	
<input type="checkbox"/> <b>Technology:</b> Website Review Media Producer Office IT Support	
<input type="checkbox"/> <b>Design:</b> Sponsor Gifts DSAGC Materials Newsletter	
<input type="checkbox"/> <b>Volunteer:</b> Coordination Recruitment Stewardship	
<input type="checkbox"/> <b>Other:</b>	

## 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.

--

## 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.

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.**