

VOLUNTEER APPLICATION



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|---|----------|------------------|------------------|---------------------|--------------|------------------|-----------|--|
| | | Date _____ | | | | | | |
| Name | Mr. | | | | | | | |
| | Mrs. | | | | | | | |
| | Ms. | Last | First | Spouse's First Name | | | | |
| Address _____ | | | | | | | | |
| City _____ | | State _____ | ZIP _____ | | | | | |
| Phone _____ | | Cell Phone _____ | Email _____ | | | | | |
| Check <input type="checkbox"/> all that apply | | | | | | | | |
| Skills | Typing | | Computer | | Sorting | | | |
| | Filing | | Word | | Shelving | | | |
| | Cashier | | Excel | | Book Pick-up | Other | | |
| Event | Planning | | Book Sale | Set-up | | Gift Shop | Display | |
| | Working | | | Work | | | Inventory | |
| | Other | | | Takedown | | | Sales | |
| Circle all that applies | | | | | | | | |
| Days | MON | TUE | WED | THU | FRI | SAT | | |
| Check <input type="checkbox"/> all that apply | | | | | | | | |
| Time | AM | | PM | | EVE | | Other | |
| Previous Volunteer Experience: (Church, Hospital, School, etc.) | | | | | | | | |
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