

## **Volunteer Application**

		Applicant	Information		
Full Name:		Date:			
	Last	First		М.І.	
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email		

		Emergency Co	ntact Informat	ion	
Full Name:					Date:
	Last	First		М.І.	
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email		

Volunteer Opportunities Please indicate which volunteer assignments are of interest.										
Reception Desk Clerk										
Managing the Fitness Rooms										
Special Events										
Activities during Birthday Month (February)										
Egg Hunt										
Holidays										
School Vacation Projects										
Halloween										
Try It You Might Like It (Free Classes)										
Yard Sales										
Monthly Events										
Other Activities (please describe):										
Comments and Ideas:										
Availability*										
<i>I</i> lon Tues Wed Thurs Fri Sat										
Indicate AM or PM										
Please check one below:										
I give my permission for my photograph to be taken and published for promotional purposes or										
I do <b>not</b> give my permission for my photograph to be taken and published for promotional purposes.										
Disclaimer and Signature										
I certify that my answers are true and complete to the best of my knowledge.										

Signature

Date: