

<b>TASCA VOLUNTEER APPLICATION</b>		Instructions: Check ( v ) the appropriate boxes. For other items, either print or type responses.	
NAME		BIRTHDATE	
HOME PHONE		CELL PHONE	
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
EMERGENCY CONTACT			PHONE
Which general volunteer work categories are you most interested in?			
<input type="checkbox"/> Receptionist / Administrative		<input type="checkbox"/> Instructor	
<input type="checkbox"/> Event Planner		<input type="checkbox"/> Fund Raising / Sponsorship	
<input type="checkbox"/> Set up for events / activities		<input type="checkbox"/> Miscellaneous	
What qualifications/skills/education/experience do you have that you would like to use in your volunteer work?			
<input type="checkbox"/> Administrative / Clerical		<input type="checkbox"/> Computer	
<input type="checkbox"/> Public Speaking		<input type="checkbox"/> Supervision / Management	
<input type="checkbox"/> Research		<input type="checkbox"/> Teaching	
<input type="checkbox"/> Working with people		<input type="checkbox"/> Writing / editing	
<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Networking	
_____			
_____			
Based on selections checked on above two questions, what particular type of volunteer work would you like to do? <i>(Please describe any special qualifications, skills, education or experience you have that apply.)</i>			
Please specify any physical limitations that may influence your volunteer activities.			

Have you volunteered before?  Yes  No

If yes, Name of Activity:

Address:

Telephone Number:

Point of Contact:

Describe volunteer activity:

Would you like to manage / lead other volunteers?  Yes  No

What are your objectives for working as a volunteer?

How many hours per week would you be available for work?

Which months would you be available for volunteer work?

January

May

September

February

June

October

March

July

November

April

August

December

Which days / times would you be available for volunteer work?

Morning Afternoon Evening

Morning Afternoon Evening

Morning Afternoon Evening

Monday    Wednesday    Friday

Tuesday    Thursday    Saturday

Provide names and phone numbers of three (3) character references.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Any other information you wish to provide.

**Notice to volunteer:** Volunteers are not considered to be employees for any purposes. Volunteer service is considered creditable work experience. Your signature indicates this application has been completed honestly to the best of your knowledge and ability. False statements may be used as basis for rejection or dismissal.

Signature

Date