



## Volunteer Application

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability
During which hours are you available for volunteer assignments?
<input type="checkbox"/> Weekday 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
<input type="checkbox"/> Administration <input type="checkbox"/> Community Organizing <input type="checkbox"/> EGT Community Center <input type="checkbox"/> Fundraising <input type="checkbox"/> Newsletter production

### 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	

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