

Circle of Friends  
The Path to Inclusion



**Volunteer Application**

**Thank you for your interest in Circle of Friends – The Path to Inclusion!**

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most rewarding and appropriate volunteer opportunity for you.

Application Date \_\_\_\_\_  
Volunteer Position Sought \_\_\_\_\_  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

**EDUCATION**

Highest Level of Education \_\_\_\_\_

**EMPLOYMENT**

Current Position/Title \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization? \_\_\_\_\_

Interests: Please tell us in which areas you are interested in volunteering

- |  |   |
|--|---|
| <input type="checkbox"/> Administration      | <input type="checkbox"/> Fundraising  |
| <input type="checkbox"/> Program             | <input type="checkbox"/> Events   |
| <input type="checkbox"/> Pick-up, Deliveries | <input type="checkbox"/> Communication (social media, public relations, etc.) |
| <input type="checkbox"/> Graphic Design      | <input type="checkbox"/> Other (Please explain) _____                         |

Please indicate days available:

Mon Available: From \_\_\_\_\_ to \_\_\_\_\_  
Tues Available: From \_\_\_\_\_ to \_\_\_\_\_  
Wed Available: From \_\_\_\_\_ to \_\_\_\_\_  
Thu Available: From \_\_\_\_\_ to \_\_\_\_\_  
Fri Available: From \_\_\_\_\_ to \_\_\_\_\_  
Sat Available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_ In case of emergency contact: \_\_\_\_\_

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Circle of Friends that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Circle of Friends. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Circle of Friends or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_