THE FAMILY TREE

INFORMATION, EDUCATION & COUNSELING CENTER



Volunteer Application

| Name: | | |
|--|--------------------------------|---------------|
| Prefix (Dr./Mrs./Mr./Ms.) First | Middle | Last |
| Mailing Address: | | |
| City: | | Zip: |
| Preferred Phone: Cell Home | | |
| Email Address: | | |
| | | |
| Employer/Name of School (if student): | | |
| Occupation: | | |
| List any previous volunteer experience, employment, participation in community service organizations, hobbies, skills or interests that would be helpful with your volunteer work: | | |
| Can you speak, read, or write a language other than English? No Yes: | | |
| Person to contact in case of emergency: | | |
| Name: Relationship: | | |
| Preferred Phone: Cell Home | | |
| References (non-relatives): | | |
| 1. Name: Re | lationship: | Phone Number: |
| 2. Name: Re | lationship: | Phone Number: |
| Please check The Family Tree volunteer ac | tivities in which you are most | interested: |
| General Support Administrative Marketing/Special Events/Fundraising | | |
| Other: | | Ţ |
| Day(s) and Time(s) available to volunteer (s | specify times): | |
| Anticipated length of service: 6 months 1 year 1 Indefinite 0 Other: | | |
| Have you ever been convicted of a crime other than a minor traffic offense? No Yes: | | |
| I understand that any falsification of the information provided above may prohibit my activities as a volunteer. | | |
| Signature: Date: | | |