



OFFICE USE ONLY
Date received: _____
Action: _____
Date: _____

VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Home Phone: _____ Alternate Phone: _____

Best time to contact you: _____

How do you prefer to be contacted? Phone Email

EDUCATION:

Name of School (if currently attending): _____

Are you receiving credits for your volunteer work? Yes No

EMPLOYMENT (Current or most recent):

Company Name/Employer: _____

Your Job Title: _____

Are you volunteering through a program with your work? Yes No

VOLUNTEER EXPERIENCE:

Have you ever applied to volunteer with this organization before? Yes No

If yes, when? _____

Previous Volunteer Experience: Where _____ Length of time _____

Languages Spoken: _____

Please check the following areas you are interested in.

- | | |
|---|--|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Publicity/Outreach |
| <input type="checkbox"/> Conference & Workshop Assistance | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Database input & clean-up | <input type="checkbox"/> Telephone Reception |
| <input type="checkbox"/> Fundraising/Event Planning | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Photography/Filming | |

How did you find out about our volunteer program?

Why do you want to volunteer at PEAK? _____

PERIODS AVAILABLE:

Date's I am available: From _____ To _____

Day(s) of week I am available: Monday Tuesday Wednesday Thursday Friday

Time I am available: Morning Afternoon Evenings (special events only)

Are you interested in volunteering for special projects/events? Yes No

Is there a time or day of the week when you are not available? _____

Are you able to make at least a six month commitment to PEAK? Yes No

REFERENCES:

Please list two personal or professional references.

Name: _____ Relationship: _____

Organization: _____ Phone #: _____

Name: _____ Relationship: _____

Organization: _____ Phone #: _____

Name: _____ Relationship: _____

Organization: _____ Phone #: _____

Add me to PEAK's Volunteer Mailing List- receive occasional email announcements about current and upcoming volunteer opportunities.

Add me to PEAK's general Mailing List- receive PEAK Speak Out newsletter, training announcements, and other exciting news from PEAK Parent Center.

I authorize PEAK Parent Center, Inc. to contact the above named references to determine my suitability as a volunteer and release PEAK Parent Center, Inc to provide a reference as requested.

PEAK Parent Center screens all volunteer applicants and reserves the right to decline applicants.

Signature of Applicant: _____

Date: _____