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| Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas do your strengths reside; Pick two:

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| --- |
| Planning |
| OrganizingLoving on children |
| Working with handsEncouraging people |
| Fundraising |
| Communication |
| Volunteer coordination |
| Cooking/Baking |
| Leadership |

## Special Skills or Qualifications

### What experience do you feel qualifies you to work with our foundation?

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## Previous Volunteer Experience

### Please let us know of any previous volunteering you have done.

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## 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 |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

***Thank you for your interest to donate your time and energy to help SoHome Kids Foundation. We are incredibly grateful for our volunteers. It simply would not be possible without people like YOU! Your application will be reviewed. If your strengths align with the areas we need assistance in, we will contact you.*** *Please email this application to: nathan@sohomekids.org*