

VOLUNTEER APPLICATION



Project Dignity

TODAY'S DATE: _____

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Email Address: _____

Your Age: _____

Facebook Page: _____

I would like to volunteer for (check all applicable):

- Mondays—Pick Up Bread and Food from Local Grocery Stores—Pickup Before 9:30 A.M.
- Tuesdays & Thursdays—Food and Resource Delivery to Local Motels—10:30 A.M. To 2 P.M.
- Saturday—Library Program—1 To 3 P.M.—*please fill out back*
- Sunday—Family Program—1:30 To 3 P.M.— *please fill out back*
- Help Sorting Donations
- Holiday Help—Distributing Christmas Gifts, Easter Baskets
- Administrative—Help With Copying, Word & Excel Documents

Please indicate which days of the week and which hours of the day you are available:

Do you have access to a vehicle— YES NO, Or, pickup— YES NO

SPECIAL TALENTS:

- Doctor Nurse Teacher Attorney Office Computer
- Artist Sports Other: Please describe _____

IF ACCEPTED AS A PROJECT DIGNITY VOLUNTEER, I AGREE TO ABIDE BY ALL RULES AND REGULATIONS, AS SET DOWN BY MY TEAM LEADER. NON COMPLIANCE IS GROUNDS FOR IMMEDIATE EXPLUSION.

SIGNATURE _____



Project Dignity

VOLUNTEER APPLICATION (Children's Program/Library Program Addendum)

Please explain briefly why you want to volunteer for the children's or library programs?

Have you done volunteer or paid work with children before?

YES NO If yes, please describe: _____

If accepted as a children's/library program volunteer, you will be required to be fingerprinted. Do you have any objections to this?

YES NO

IF YOU CANNOT BE FINGERPRINTED, YOU CANNOT BE A VOLUNTEER