

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.
- 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 _____



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Please explain briefly why you want to volunteer for the Family Program?

Have you done volunteer or paid work with children before?

YES NO If yes, please describe: _____

If accepted as a Family 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