

# Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	Permission to send text/SMS? Y / N
E-Mail Address	
Birthday (MM/DD)	
Occupation	
Employer/Previous Employer if retired	
How did you learn about Voicecorps?	
Why did you choose to volunteer here?	

## Interests and Experience

Tell us in which areas you are interested in volunteering

- Administration: office and clerical assistance, phones, keyboard, filing, mailings,
- Events: Planning and execution of fundraising, appreciation, or marketing efforts
- Public Speaking: Presenting VOICEcorps at information fairs, clubs, etc.
- Fundraising: research, editing, writing, and clerical assistance
- Newsletter production/graphics creation

## Special Skills or Qualifications

*Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.*


## Availability

During which hours are you available for volunteer assignments?

## Recording and non-air activities

Monday	<input type="checkbox"/> 7AM-Noon	<input type="checkbox"/> Noon - 5PM	<input type="checkbox"/> 5PM - 8PM
Tuesday	<input type="checkbox"/> 7AM-Noon	<input type="checkbox"/> Noon - 5PM	<input type="checkbox"/> 5PM - 8PM
Wednesday	<input type="checkbox"/> 7AM-Noon	<input type="checkbox"/> Noon - 5PM	<input type="checkbox"/> 5PM - 8PM
Thursday	<input type="checkbox"/> 7AM-Noon	<input type="checkbox"/> Noon - 5PM	<input type="checkbox"/> 5PM - 8PM
Friday	<input type="checkbox"/> 7AM-Noon	<input type="checkbox"/> Noon - 5PM	<input type="checkbox"/> 5PM - 8PM
Saturday	<input type="checkbox"/> 7AM-Noon	<input type="checkbox"/> Noon - 5PM	<input type="checkbox"/> 5PM - 8PM
Sunday	<input type="checkbox"/> 7AM-Noon	<input type="checkbox"/> Noon - 5PM	<input type="checkbox"/> 5PM - 8PM

## Live Reading

Monday	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8AM	<input type="checkbox"/> 9:30AM
Tuesday	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8AM	<input type="checkbox"/> 9:30AM
Wednesday	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8AM	<input type="checkbox"/> 9:30AM
Thursday	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8AM	<input type="checkbox"/> 9:30AM
Friday	<input type="checkbox"/> 7AM	<input type="checkbox"/> 8AM	<input type="checkbox"/> 9:30AM
Saturday	<input checked="" type="checkbox"/> X	<input type="checkbox"/> 8AM	<input checked="" type="checkbox"/> X
Sunday	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> 10:00AM

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

## 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 completing this application form and for your interest in volunteering with us.

## 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. During my volunteerism, VOICEcorps may use my image or likeness, video or still photo in a manner consistent with the tasteful promotion of VOICEcorps as a member of the not-for-profit community. All productions, broadcasts, webcasts, audio, images, video, or other media created by VOICEcorps or by others on our behalf which includes VOICEcorps volunteers is the exclusive property of VOICEcorps which shall have all rights. No other use permitted.

Name (printed)	
Signature	
Date	