

Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Date _____

Last Name	First Name	Middle Initial
Street Address	City, State, Zip	
Telephone Number(s)	E-Mail Address	

Best time to contact you at home is: _____

When are you available (Days/Times):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

		Production/Mobile	
___Terminal	___Spreadsheet	Machinery (List)	Other (List)
___PC/MAC	___Word Processing	_____	_____
___Typewriter	___Shorthand	_____	_____
WPM___	WPM___	_____	_____
		_____	_____

REFERENCE:

Name: _____
Address: _____
Phone #: _____