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| --- | --- |
| Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Cell Phone |  |
| Work or Home Phone |  |
| E-Mail Address |  |
| Name of High School or College Currently Attending |  |
| Grade/Year |  |
| Degree (if applicable) |  |

## 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 you are interested in volunteering:

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| --- |
|  |

## 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.

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| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

|  |
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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 completing this application form and for your interest in volunteering with The Scott Coopersmith Stroke Awareness Foundation.