



VOLUNTEER APPLICATION FORM

Date: _____

Please print all information

Name: _____
FIRST LAST

D.O.B. _____
MM/DD/YYYY

Address: _____
STREET TOWN POSTAL CODE

Contact Number: () _____ Consent to Text Messages? YES / NO

E-mail: _____

Emergency Contact Name: _____
FIRST LAST

Emergency Contact Number: () _____

Availability

When are you available for volunteering?

(Please enter time)

_____ Sunday
_____ Monday
_____ Tuesday

_____ Wednesday
_____ Thursday
_____ Friday
_____ Saturday

Most preferred time to volunteer?

- Flexible
- Daytime
- Evening
- Weekdays
- Weekends

Interests:

Which areas are you interested in to volunteer? (Please check all that apply)

- Fundraising
- Helping at Events
- Campaigning
- Administration
- Internet / Computer Work
- Committee Work
- Food Prep (i.e. BBQing, Fry making, etc.)
- Group Volunteering

What makes you a good volunteer?



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Do you have any qualifications or skills that would benefit you as a volunteer?

(i.e. First Aid, CPR, etc)

Volunteer Name

(Please print)

Committee Member Name

(Please print)

Volunteer Signature

Committee Member Signature

By signing the above volunteer application form, I affirm that all information is correct and there are no errors. I adhere to the rules and regulations set out forth by Fogo Island Pride and will to the best of my abilities be available as a volunteer on the requested times and dates stated above. If I am not available during the stated above times and dates I will; give ample notice (2 days prior), to the best of my abilities find a replacement for my schedule volunteer time, and try my best to be available at an alternate time in the future to make up any missed hours I have committed to.

Fogo Island Pride will keep all information recorded on volunteer applications confidential and to be used only for volunteer purposes only.