

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Check the days you are available:

M		T		W		TH		F	
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Check the times you are available:

8a – 12p		10a – 1p		12p – 4p	
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Service area of interest (subject to greatest need of the organization): _____

Have you ever worked or volunteered for EAH before? YES NO

If yes, when? _____ And where? _____

Education

High School: _____ Year of Graduation: _____

College: _____ Year: _____

Minor: _____ Major: _____

References

Please list one professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer opportunities, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____