

THE
IMPACT
NETWORK

Volunteer Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Availability

Days Available (check all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Times Available (Check all that apply):

- Morning
- Afternoon
- Evening

Interests and Skills

Why do you want to volunteer with us? _____

Do you have any specific skills or experience you would like to use in your volunteer work? (e.g., fundraising, event planning, social media, tutoring.) _____

Have you volunteered with other organizations before? ____ Yes ____ No

If yes, please list the organizations and describe your role(s): _____

Are there specific types of volunteer work you are interested in? Check all that apply:

- Event Planning
- Administrative Support
- Fundraising
- Community Outreach
- Tutoring/Mentoring
- Social Media/Marketing
- Other: _____

Background Information

Have you ever been convicted of a felony?

If yes, please explain: _____

References

Reference #1:

Full Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Reference #2:

Full Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Agreement and Signature

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

Signature: _____ Date: _____

Parent/Guardian Consent (if under 18)

Parent/Guardian Name: _____ Phone Number: _____

Signature: _____ Date: _____