

# Volunteer Application



Imago Dei  
Middle School

## Contact Information

Name	
Street Address	
City, State, Zip	
Phone	
Alternate Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments? Please list days and times.

## Interests

Tell us in which areas you are interested in volunteering.

- |   |   |
|---|---|
| <input type="checkbox"/> Office Work    | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Tutoring             |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> School Chores        |
| <input type="checkbox"/> Technology     | <input type="checkbox"/> Other _____          |

## 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.

## Previous Volunteer Experience

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Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

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Name	
Street Address	
City, State, Zip	
Phone	
Alternate Phone	
E-Mail Address	

## Agreement and Signature

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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

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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 Imago Dei Middle School.



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