

# VOLUNTEER APPLICATION

Please Print or Type

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER/SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

---

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH MAPLE VALLEY COMMUNITY CENTER? \_\_\_\_\_

WHAT TYPE/S OF VOLUNTEER SERVICES ARE YOU INTERESTED IN?: (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> family program activities | <input type="checkbox"/> youth program activities     | <input type="checkbox"/> senior program activities  |
| <input type="checkbox"/> transportation            | <input type="checkbox"/> front desk/office assistance | <input type="checkbox"/> meal preparation & service |
| <input type="checkbox"/> maintenance/yard work     | <input type="checkbox"/> special projects/events      |   |
| <input type="checkbox"/> other: _____              |   |   |

IS THERE ANYTHING YOU ABSOLUTELY DO NOT WANT TO DO? \_\_\_\_\_

APPROXIMATELY HOW LONG CAN YOU COMMIT?

\_\_\_\_\_ One Time Only

\_\_\_\_\_ 6 Months

\_\_\_\_\_ 1 Year

Other: \_\_\_\_\_

***COMPLETE BOTH SIDES***



