

# Volunteer Application



Name: \_\_\_\_\_

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

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

Availability: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever volunteered before for us? \_\_\_\_\_ if so, when? \_\_\_\_\_

Please indicate your area(s) of interest:

Public Awareness:                  Fundraising:                  Administrative Support:

Donation Management:                  Board Member:                  Property Maintenance:

Group Volunteering:

How did you hear about My Sister's Place:

MSP website                  Friend                  Volunteer

Special Events                  Newspaper                  Other

Are you under the age of 18? Yes          No

If YES, parental authorization is required.

Name of Parent/Guardian: \_\_\_\_\_ (printed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_