



Volunteer Application

Please Print All Information Clearly.

Date: _____

Name: _____
Last name, First Name Middle (Nickname)

Date of Birth: _____ (mm/dd/yyyy)

Street / Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Cell Home Work

Email: _____

T-shirt Size: Small Medium Large X-Large 2X-Large

If you are under the age of 18, please include a parent or guardian's contact information.

Name: _____ Email: _____ Phone: _____

Are you volunteering as part of an organization? Yes No

Name of Organization: _____

Are you fluent in a language other than English? Yes No

If yes, what language? _____

Do you have health insurance coverage? Yes No Unsure

Emergency Contact:

_____	_____	_____
<i>Name</i>	<i>Relationship to You</i>	<i>Phone</i>

The facts contained herein are true and complete to the best of my knowledge. I have read and understand the Volunteer Guidelines and Volunteer Acceptance, Release and Waiver of Liability, as provided to me with this application, and agree to abide by them. I understand that false statements or omissions, or failure to adhere to these conditions shall be grounds for dismissal from the Fellowship Square Volunteer Program.

Signature _____

Date _____

If volunteer is less than 18 years of age:

Parent/Guardian Signature: _____

Date _____

Parent/ Guardian Name (*printed*) _____