

# VOLUNTEER APPLICATION

## Organization Applicants

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Number of Members \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Organization \_\_\_\_\_

Please describe the nature of the services your organization provides:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your organization's past volunteer experiences? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which group projects interest you? Please refer to the attached list of group projects for more details:

\_\_\_\_\_                      \_\_\_\_\_  
\_\_\_\_\_                      \_\_\_\_\_

Why do you want to volunteer with Edmarc? What strengths will your organization bring to us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe the ideal assignment for your organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you wish to gain from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Edmarc Volunteer Program?

- Community Presentation
- Television
- Newspaper
- Radio
- Word of Mouth
- Other \_\_\_\_\_

What is your availability?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please supply two references of organizations or individuals you have rendered services.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ Relationship \_\_\_\_\_

The undersigned acknowledges and agrees that he/she is not required, if called upon, to perform the volunteer service herein applied for and that Edmarc Hospice for Children is not required to assign or actively seek to assign him/her as a volunteer even after appropriate training. I affirm under the penalties of perjury that all the information supplied to Edmarc Hospice for Children during the application process is true and accurate.

Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Representative \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Projects \_\_\_\_\_

Ref's Contacted \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Training/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_