



Volunteer Application Form

Contact Information

PLEASE PRINT

Name:

Street Address:

City, St, Zip:

Phone:

Email Address:

School Affiliation & Classification:

Availability

Please indicate the times are you available for volunteer assignments.

Monday: _____

Thursday: _____

Tuesday: _____

Friday: _____

Wednesday: _____

Saturday: _____

Interests

Please check all areas in which you are interested in volunteering.

Administration

Community Outreach

Events

Fundraising

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer experience, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Agreement & Signature

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:

International Civil Rights Center & Museum Policy

It is the policy of this organization to provide equal opportunities with 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 us. You may submit this form person at 134 S. Elm Street, via email at nhoskins@sitinmovement.org, or via fax, 336-274-6244.