



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available to volunteer?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Are you interested in a set schedule or an as-needed basis?

Interests

Tell us in which areas you are interested in volunteering.

- Administrative Activities
 Child Advocate
 Legal Advocate Volunteer
 Professional Volunteer
 Special Events Volunteer

Are you fluent in speaking, reading, and/or writing in any foreign language?

Special Skills or Qualifications

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

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work or Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this preliminary 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	
** Volunteers must complete a volunteer application, agree to reference and background checks, sign a pledge of confidentiality, be interviewed, and complete required training and orientation in appropriate area of service.	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this preliminary application form and for your interest in volunteering with us.

Please mail to: Alternatives Inc., P. O. Box 1302, Anderson, IN 46015 or fax to (765) 643-0291.
