



Ambassador Program Volunteer Application

Contact Information

Name: _____
Street Address: _____ City, State, Zip Code: _____
Mobile Phone: _____ E-Mail Address: _____

Availability: During which hours are you available for Ambassador assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests: Tell us in which areas you are interested in volunteering

- Administration
- Deliveries
- Events
- Field work
- Fundraising
- Newsletter production
- Phone bank
- Volunteer coordination

Special Skills or Qualifications:

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

2. Summarize your previous volunteer experience.

Person to Notify in case of Emergency

Name: _____ Address: _____
Home phone: _____ Mobile phone: _____
E-mail address: _____

Agreement and 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/ambassador, any false statements, omission, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name: _____
(Print full name)

Signature: _____ Date: _____

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 application form and for your interest in volunteering with us.