Durham & Community Health Care | 365 Foundation

Volunteer/ Board Application

Contact Information			
Name			
Street Address			
City/ Prov/ Postal Code			
Home Phone			
Work Phone			
E-Mail Address			
Availability			
During which hours are you available for volunteer assignments?			
Weekday mornings	Weekend mornings		
Weekday afternoons	Weekend afternoons		
Weekday evenings	Weekend evenings		
Interests			
Tell us in which areas you are interested in volunteering			
000			
Office, Admin, Clerical			
Special Events			
Landscape/ Gardening work			
Fundraising			
Committee			
Board of Directors			

Special Skills or Qualific	ations	
Summarize special skills and qualifications you have acquired from employment, volunteering, or other activities, including hobbies or sports that you feel will assist you in your volunteer work and benefit the Foundation.		
	olunteer/ Work Experience	
briefly highlight your present	and previous volunteer and employment experience.	
Attach resume or CV if prefer	rred, but please show any volunteer experience as well.	
Person to Notify in Case	of Fmergency	
Name		
Street Address		
City/ Prov/ Postal Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signatur	e	
By submitting this application if I am accepted as a volunte	, I affirm that the facts set forth in it are true and complete. I understand that er, any false statements, omissions, or other misrepresentations made by	
me on this application may re	esult in my immediate dismissal.	
Name (printed)		
Signature		

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. You will be contacted for an interview before acceptance, orientation and placement.

REFERENCES

Please list 2 references who can attest to the information contained here and to your character. Please do not list immediate family members

Reference (1)	
Name	
Street Address	
City/ Prov/ Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	

Reference (2)	
Name	
Street Address	
City/ Prov/ Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	