Volunteer Application Form for Non-profit

Thank you for your interest in volunteering with our non-profit organization! Your participation helps us achieve our mission. Please complete this form to get started.

Personal Information					
Full Name:					
Address:					
• City:			Zip:		
Phone Number:		Ema	il:		
Volunteer Opportunitie	es				
1. Which areas are	you interested i	n volunteering for	?		
☐ Fundraising					
☐ Administrative	e Support				
☐ Event Plannir	ng				
☐ Social Media/	Marketing				
☐ Other:					
2. Availability:					
 Days: □ Weekdays □ Weekends □ Flexible 					
 Hours per 	· Week:				
Skills and Experience					
Skills	Proficiency	Willing to			
	Level	Train			
Graphic Design	☐ Advanced	□ Yes			
Fundraising	□ Beginner	□ Yes			

Volunteer	☐ Intermediate	□ Yes			
Coordination					
Social Media	□ Beginner	□ Yes			
Marketing					
References					
1. Reference Name):				
Phone:	Relationship:				
Agreement					
I acknowledge that the information provided is true and accurate. I consent to a					
background check if required.					
Signature:	Date: //				