Solid Ground for Africa
Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings
___ Weekday afternoons
___ Weekday evenings
___ Weekend mornings
___ Weekend afternoons
___ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

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

Special Skills or Qualifications

Summarize what 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.

Emergency Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

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, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
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.