

Douglas/Elbert Task Force Volunteer Application

Date: _____

First Name: _____ Last Name: _____

Home Phone: _____ Other Phone: _____

Home Address: _____

City, State & Zip: _____

E-Mail Address: _____

Birth Date (MM/DD/YYYY): _____

Occupation: _____ Employer: _____

Emergency Contact and Phone #: _____

What days would you be available to volunteer? Please circle all that apply

Monday AM PM Tuesday AM PM Wednesday AM PM
 Thursday AM PM Friday AM PM Saturday AM PM
 Other, please explain: _____

Approximately how many hours a week would you be available to work? _____

Please list technical experience or training (for example: foreign language, computer programs, internet capability, sewing, furniture repair, accounting, secretarial, sales, etc.)

1) _____ 2) _____ 3) _____

Interests-please circle all that apply: (see reverse for descriptions)

Pickup/Delivery	Store Cashier*	Contact Contributors	Newsletter
Fundraising	Donation Intake	Sorting Donations	Food Bank*
Special Events	Store Display & organizing	Public Relations	Mailings
Office/Reception	Work in Thrift Store	Board of Directors*	Data Entry
Capital Campaign	Recruiting Volunteers		

*SEE REVERSE

How did you learn about the Task Force Volunteer Program?

Corporate funding organizations often ask if a volunteer or relative works for their company before they will make a charitable donation. Do you have a family member who works for a large corporation? If so, which one?

FOR OFFICE USE ONLY		
Date Contacted:	By:	Date Started:
Notes:		Position:
		Schedule: