

Aloha Pride Center -Volunteer Form (Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-Mail: _____

As a volunteer what skills or abilities do you bring to our organization?

Preferred Area of Volunteer Work:

- | | | | |
|-----------------------------------------|---------------------------------------------|----------------------------------------------|----------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Committees | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Pride |
| <input type="checkbox"/> Research | <input type="checkbox"/> Event/Fundraising | <input type="checkbox"/> Out-Reach Education | <input type="checkbox"/> Support |
| <input type="checkbox"/> Library | <input type="checkbox"/> Group Facilitating | <input type="checkbox"/> Youth | <input type="checkbox"/> Grants |

Available Volunteer Times

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Previous and/or previous volunteer/paid work experience:

| Dates | Organization | Duties |
|-------|--------------|--------|
| | | |
| | | |
| | | |

Reference 1: (circle one) Professional Personal

Name: _____ Contact Number: _____

Occupation: _____ Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

Reference 2: (circle one) Professional Personal

Name: _____ Contact Number: _____

Occupation: _____ Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

Reference 3: (circle one) Professional Personal

Name: _____ Contact Number: _____

Occupation: _____ Years Acquainted: _____

Address: _____

City: _____ State: _____ Zip: _____

I certify that I have not purposely withheld any information that might adversely affect my chances for volunteering. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability.

I permit Aloha Pride Center to examine my references, record of employment, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record as well as my professional and personal experiences with them, without giving me prior notice of such disclosure. In addition, I release all parties from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Sign: _____ Date: _____

| | | | |
|---------------------------|------------|----------|--------------|
| For Office Use Only | | Approved | |
| Received By _____ | Date _____ | | Not Approved |
| Reference Check By: _____ | Date _____ | | |