



# VOLUNTEER APPLICATION

## Contact Information

First Name		Last Name	
Primary Phone		E-Mail Address	
Home Address			

## Availability

How often (per week) and what length of time are you interested in volunteering?

During what hours are you available for volunteer assignments?

Monday		Thursday	
Tuesday		Friday	
Wednesday			

Can we contact you if we need volunteers for an event?

## Special Skills or Qualifications

Please summarize any experience you have had working in a legal setting.

EBCLC serves a very diverse population – low-income, elderly, minorities, gay and lesbian, mentally and physically disabled people. Please summarize any experience you have had working with individuals from diverse communities.

What is your language capacity?

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Please summarize any experience you have had in customer service or in working directly with clients.

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What made you interested in volunteering with EBCLC and what skills do you seek to gain through volunteering with us?

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### Person to Notify in Case of Emergency

First Name		Last Name	
Relationship			
Primary Phone		Work Phone	
Home Address			

### 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.**