

Volunteer Application



Contact Information

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

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Office and Administrative
- Events
- Field work
- Fundraising
- Internet (programming, web development)
- Internet (social media, email)
- Human Resources
- Other:

Special Skills or Qualifications

Summarize 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.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail 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	
If you are under 18 years of age, please sign above and have a parent or guardian sign here.	
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. Please attach a resume and/or work history.

Mail to: Hugs Society
PO Box 231024
Portland, OR 97281-1024
Fax to: 888-507-8590
Email to: volunteers@HugsSociety.org