



VOLUNTEER APPLICATION

Volunteer

Name: _____ Age: _____ Sex: F ___ M ___

Phone: _____ Email: _____

Mailing Address: _____ City _____

Zip _____ Occupation: _____

High School/College/Occupation (if applicable) _____

Emergency Contact: Name _____

Phone: _____ Relationship: _____

1. Why are you interested in volunteering with our organization?

2. What personal skill or strength of yours do you think would benefit our organization?

3. Do you have a committee not mentioned that you'd like to serve on or a particular area of interest?

4. Which event would you like to participate as a volunteer?

Choosing to participate in any event sponsored by Island Hope International Inc. is done so at your own risk.

Name of Volunteer

Signature of Volunteer

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

If under the age of 18 Parent/Guardian signature required