



## VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

List any special talents or skills you have that you feel would benefit our organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us in which areas you would be interested in volunteering:

- \_\_\_\_\_ Administrative/Clerical
- \_\_\_\_\_ Special Events
- \_\_\_\_\_ Fundraising
- \_\_\_\_\_ Storefront
- \_\_\_\_\_ Summer Camp
- \_\_\_\_\_ Holiday Camp
- \_\_\_\_\_ Marketing
- \_\_\_\_\_ Outreach
- \_\_\_\_\_ General Maintenance/cleaning

Please indicate days available: **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat**

Times available: From: \_\_\_\_\_ to \_\_\_\_\_

Do you prefer a: \_\_\_\_\_ one-time volunteer commitment \_\_\_\_\_ multi-day volunteer commitment  
\_\_\_\_\_ multi-week volunteer commitment \_\_\_\_\_ continuous volunteer commitment

Any physical limitations: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please note you must:

- Be at least 14 to volunteer at NAC
- Be at least 18 to volunteer in our storefront
- Successfully complete a background check to work with kids

All NAC volunteers receive \$10 credit to be used towards an art class for each 2 hours of service.