



VOLUNTEER APPLICATION

Contact Information

Name	
Address	
City, State & Zip Code	
Phone (Hm)	
Phone (Wk)	
Phone (Cell)	
E-Mail	

Availability

During which hours are you available for volunteer assignments?

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Any time |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons | |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings | |

Type of volunteer assignment

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Virtual | <input type="checkbox"/> One-day | <input type="checkbox"/> Ongoing |
|----------------------------------|----------------------------------|----------------------------------|

Interests

What are your areas of interest?

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Accounting | <input type="checkbox"/> Committee |
| <input type="checkbox"/> Events (PR/Marketing/Planning) | <input type="checkbox"/> IT | <input type="checkbox"/> Other (please provide details under skills or qualifications) |
| <input type="checkbox"/> Field Work | <input type="checkbox"/> Project Management | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Advocacy | |
| <input type="checkbox"/> Patient Assistance (Social Work) | <input type="checkbox"/> Board Membership | |

Special Skills or Qualifications

Summarize any special skills and qualifications you have acquired from employment, previous volunteer work or through other activities (hobbies or sports, etc.).

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State & Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement & 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.

Print Name	
Signature	
Date	

Please forward a copy of your CV/Resume along with this application for consideration by mail, email or fax to:

**P.O. Box 5287
Evanston, Illinois 60204
nowoodennickels.org
info@nowoodennickels.org
888-842-2654 (Ph)
847-859-6414 (Fx)**

It is the policy of No Wooden Nickels to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in volunteering with No Wooden Nickels