

## TMaD Volunteer Application

Name: \_\_\_\_\_ Title: Ms./Mrs./Mr./Miss

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

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

Best Contact Numbers: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Are you over the age of 18: yes no

**If under 18, Please fill out guardian name, address & contact information:**

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

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

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

Best Contact Numbers: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about Team Make a Difference? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? Yes/No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

When are you able to volunteer? \_\_\_\_\_

\_\_\_\_\_

What days are you available to work? (circle availability)

Monday Tuesday Wednesday Thursday Friday Saturday

Are there certain hours of the day you can volunteer? \_\_\_\_\_

\_\_\_\_\_

What kind of skills, training or knowledge do you have that can help Team Make a Difference? \_\_\_\_\_

\_\_\_\_\_

Please circle any of the following tasks you might be willing to do for TMaD!

- |                          |                              |                            |
|--------------------------|------------------------------|----------------------------|
| Sewing                   | Carpentry                    | 'Hero' Selection Committee |
| Murals                   | Family Activity Coordinator  | Office Work                |
| Grant Writing            | Scholarship Committee        | Marketing                  |
| Drink/Food Coordinator   | Volunteer Appreciation       | Newsletter                 |
| Carpet Cleaning          | General Cleaning             | Yard Work                  |
| Business Contacts        | Mailing of Marketing Packets | DVD Burning                |
| Fundraising              | Annual Event Planning        | Donation Solicitation      |
| Painting                 | Carpet Installation          | Silent Auction Coordinator |
| Family Event Coordinator | Sibling Gift Coordinator     | Photography                |

Please provide two professional or personal references:

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

E-mail: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Thank you so much for your interest in Team Make a Difference. We so appreciate your support.

I hereby attest that the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parental signature, if minor Date