

Qmunity Volunteer Application Form

PERSONAL INFORMATION

Date of Application ____/____/____

Name _____

Date of Birth (month)____ (day) ____ Are you over 19 years old? ____

Phone _____ May we leave a message? Yes No

Can we send mail? Yes No Address _____

Postal Code: _____ E-mail: _____

Emergency Contact: Name _____ Phone _____

How did you find out about Qmunity?

Friend ___ Current Volunteer ___ Newspaper ___ Other _____

VOLUNTEER OPPORTUNITIES

Please check 4 areas you are interested in:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Pride Line | <input type="checkbox"/> Youth Services | <input type="checkbox"/> Cleaning/Repairs |
| <input type="checkbox"/> Library | <input type="checkbox"/> Special Events | <input type="checkbox"/> Computer/Database |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Counseling (Prof. Degree required) |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Community Outreach | |
| <input type="checkbox"/> Other _____ | | |

AVAILABILITY

Please check 4 day &/or evenings according to your usual availability

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
Daytime							
Evening							

Comments/Preferences

How many hours per week _____ or month _____ would you like to volunteer?

Are you interested in occasional 'on call' work (events, relief shifts, etc)? Yes No



EXPERIENCE

Please tell us about the talents & abilities you would bring to volunteering at Qmunity:

Languages (other than English) spoken _____ written _____

Computer Knowledge _____

Community Organization Experience _____

Other areas of interest _____

GOALS

What do you personally hope to achieve by Volunteering at Qmunity? _____

REFERENCES

Please list two people as referees. Please try to have a personal and a professional reference.

Name _____ Phone _____ Years Known _____ Email _____

Name _____ Phone _____ Years Known _____ Email _____

Are you currently a member of Qmunity? Yes No

PRIVACY POLICY

I understand Qmunity (Pacific Foundation for the Advancement of Minority Equality) will keep my information confidential and will never sell it to third parties. I consent to the collection, use and disclosure of the information I provide, in order that Qmunity may provide me with benefits related to membership, volunteering or rewards/recognition associated with Qmunity’s Donor recognition policies. I acknowledge that Qmunity may, from time to time, forward information on programs or fundraising activities of Qmunity.

Signature _____ **Date** _____

Thank you for applying to volunteer with Qmunity! Please return your application to Reception. The Volunteer Coordinator will contact you shortly.