



Volunteer Application

Contact Information

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

Availability

During Special Projects which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Which areas you are interested in volunteering?

- Administration
 Special Events
 Empowerment calls
 Fundraising Events
 Volunteer coordination
 Diamonds & Diapers
 Social Media

Special Skills or Qualifications

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

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the information is true and complete.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of **Sparkles of Life, Inc.** to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering.