



Volunteer Application

FOR OFFICE USE:
 DEPT.: Edu Cur/Gen Other
 Bkgrnd: Interview: Initial: _____
 Start: ____/____/____

Contact Information (to be considered, all information in this section is required)

Name (include aliases)	
Spouse's Name:	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Birthdate	

Availability

During which hours and days are you available for volunteer assignments?

- | | | |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 10am – 2pm | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> 1pm – 5pm | <input type="checkbox"/> Weekends | <input type="checkbox"/> Twice a week |
| <input type="checkbox"/> 10am – 5pm | | <input type="checkbox"/> Every other week |
| | | <input type="checkbox"/> Special Events Only |

Interests

Tell us in which areas you are interested in volunteering (free training is provided for all positions)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Education | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Reception Desk |
| <input type="checkbox"/> Docent/Tour Guide | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Special Events |

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. Hanford experience is helpful, but not required, please be sure to include it.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

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

Agreement and 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.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization 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 for CREHST.