



Volunteer & Intern Application

Contact Information

Name	
Street Address	
City, ST Zip	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

Availability – During which days / hours are you available to volunteer?

	Specific Days/Time		Specific Days/Time
Weekday Mornings		Weekend Mornings	
Weekday Afternoon		Weekend Afternoons	
Weekday Evenings		Weekend Evenings	

Interests – In what areas are you interested in volunteering? Please check the education/skills you can contribute:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Planning | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Education | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Community relations | <input type="checkbox"/> Child/Youth Mentor | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Parent Mentor | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Management | <input type="checkbox"/> Adult Mentor | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Advocacy | |

Special Skills or Qualifications – Please summarize your special skills and qualifications through employment, volunteering or other activities including hobbies or sports.

Previous Volunteer Experience – Please summarize.

Interest in Covenant Shelter – Why would you like to volunteer at Covenant Shelter.

Emergency Contacts

Name	
Address, City, ST	
Home / Cell Phones	
Relationship to You	

Name	
Address, City, ST	
Home / Cell Phones	
Relationship to You	

Medical Information

Doctors Name	
Address, City, ST	
Telephone	
Allergies	
Medical Needs	
Hospital Preference	

Demographic Information – for statistical reporting to funding sources only

Ethnic Background:

- ☐ American Indian
☐ Asian
☐ Black

- ☐ Causasian
☐ Hispanic
☐ Other

Marital Status:

- ☐ Single
☐ Married

- ☐ Widow/Widower
☐ Divorced

Date of Birth: ____ / ____ / ____

Agreement & Signature

By submitting and signing 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 statement, 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 or age.

**Thank you for completing this application form and for your interest in volunteering with
Covenant Shelter of New London, Inc.**