

# Volunteer Application

# CENTER FOR POSITIVE SEXUALITY

## Contact Information

Legal Name		
Other Name		
Street Address		
City, ST, ZIP Code		
Phone #	<input type="text"/>	Text Ok
E-Mail Address		

## Availability

During which hours are you generally available for volunteer assignments? Please indicate whether these are for in-person assignments (education and outreach) or online assignments.

In Person	Online		In Person	Online	
<input type="checkbox"/>	<input type="checkbox"/>	Weekday mornings	<input type="checkbox"/>	<input type="checkbox"/>	Weekend mornings
<input type="checkbox"/>	<input type="checkbox"/>	Weekday afternoons	<input type="checkbox"/>	<input type="checkbox"/>	Weekend afternoons
<input type="checkbox"/>	<input type="checkbox"/>	Weekday evenings	<input type="checkbox"/>	<input type="checkbox"/>	Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering:

<input type="checkbox"/>	Educational Presenter
<input type="checkbox"/>	Research Assistant
<input type="checkbox"/>	Event Volunteer
<input type="checkbox"/>	Office Assistant (please specify)
<input type="checkbox"/>	Public Relations and Media
<input type="checkbox"/>	Newsletter and Blog
<input type="checkbox"/>	Website
<input type="checkbox"/>	General Office
<input type="checkbox"/>	General Task Force Volunteer

## Special Skills or Qualifications

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

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## 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 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 identity, sexual preference, age, or disability.

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