

# Volunteer Application

# CENTER FOR POSITIVE SEXUALITY

## Contact Information

Legal Name	
Affirmed Name	
Affirmed Pronouns	
Street Address	
City, ST, ZIP Code	
Phone #	Text OK <input type="checkbox"/>
E-mail Address	

## Availability

Please indicate your general availability. All projects are at-will and voluntary.

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

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

## Interests

Please indicate in which areas you are interested in volunteering:

<input type="checkbox"/>	Educational Presenter
<input type="checkbox"/>	Research Assistant
<input type="checkbox"/>	Event / Outreach Volunteer
<input type="checkbox"/>	Office Assistant (please specify):
<input type="checkbox"/>	Public Relations & Media
<input type="checkbox"/>	Newsletter & Blog
<input type="checkbox"/>	Website
<input type="checkbox"/>	General Office
<input type="checkbox"/>	Task Force Volunteer
<input type="checkbox"/>	Board Member or "Staff" Position

## Special Skills or Qualifications

Please summarize any special skills and/or qualifications you have acquired from previous employment, internships, volunteer work, or other activities, including hobbies or sports.

## Previous Volunteer Experience

Please summarize any previous volunteer experience you have had.

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## Emergency Contact

Contact Name	
Street Address	
City, ST, ZIP Code	
Primary Phone #	Text OK <input type="checkbox"/>
Secondary Phone #	Text OK <input type="checkbox"/>
E-mail Address	

## Verification and Agreement

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 statement, omissions, or other misrepresentations made by me on this application may result in immediate dismissal. I understand that this application is not, by any means, for employment and I will not be monetarily compensated for my time.

Printed Name	
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 our application and for your interest in volunteering with us.*

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### Office Use Only

Interviewed By:	
Date:	
Means of Interview:	<input type="checkbox"/> In-person <input type="checkbox"/> Skype <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____
Internal Comments:	