



Membership Application

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Fax _____ E-Mail: _____

Emergency Contact

Name _____ Relationship _____

Address _____

Phone Number _____

Current Occupation _____

General Experience

Let us know why you are interested in membership/volunteer opportunities at VTA.

Highlight the skills, training or education that you feel might contribute to the program?

How did you learn about the membership program at VTA? (Please check all that apply and specify source)

VTA member

Family and Friends

Co-worker or Employer

Social Media

Event

Source _____



Note: We ask our volunteers to make an initial six- month commitment to the program

Can you make a six month to one-year commitment?

Yes No

Availability – at what times are you available for volunteering?

- Flexible Daytime Weekends Weekdays Evenings

How often would you be able to offer the above availability? _____

When are you available to start? _____

Indicate in the blocks below the times you most prefer to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteer Interests and Skills Survey

There are many opportunities for members to get involved! Please take a moment to share with us the interests and skills you could bring to our work:

Are you passionate about a particular topic?



ADMINISTRATIVE	ACTIVITIES
<p>Financial</p> <p><input type="checkbox"/> Budgeting</p> <p><input type="checkbox"/> Financial Planning</p> <p><input type="checkbox"/> Grant Writing/Fundraising</p> <p>Public Relations</p> <p><input type="checkbox"/> Graphic Design</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Newsletter</p> <p>TECHNICAL</p> <p>Technical Skills</p> <p><input type="checkbox"/> Website Development</p> <p><input type="checkbox"/> Photography</p> <p><input type="checkbox"/> Videography</p> <p>Outreach/Advocacy</p> <p><input type="checkbox"/> Legislative Issues</p> <p><input type="checkbox"/> Community Organizing</p> <p><input type="checkbox"/> Mentor</p>	<p>Events</p> <p><input type="checkbox"/> Tabling events/special events</p> <p><input type="checkbox"/> Assembling gift bags</p> <p><input type="checkbox"/> VA Hospital Volunteer*</p> <p>*Volunteers must be at least 21 years of age. In the interests of public health and safety, all VA hospital volunteers Veterans Transplantation Association are required to attend mandatory VA training, pass a background check and a TB test before they begin volunteering.</p>

Personal and Professional References

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____



Name _____ Phone _____
Address _____
City _____ State _____ Zip Code _____
Relationship _____

Name _____ Phone _____
Address _____
City _____ State _____ Zip Code _____
Relationship _____

Signature _____ Date _____

Thank you for your interest!