



www.wearetheirfacesinc.org

P: 302.772.8552

F: 302.543.8757

We Are Their Faces, Inc. Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments? **NO SUNDAYS**

_____ Weekday mornings

_____ Weekend mornings

_____ Weekday afternoons

_____ Weekend afternoons

_____ Weekday evenings

_____ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

___ Events (Yearly event Lights Afterschool in Oct. & Easter Hunt in March/April)

___ Journalism (Must be good at writing, or very interested in writing)

___ Fundraising (Help set up with tables/items for fundraising purpose)

___ Program Teaching (Once a month to the community)

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.



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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Best Number	

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. My signature also consent to any & all photographing/recording while volunteering.

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 with us please fax or scan and e-mail to the information listed above.

For those that are on Probation and need volunteering hours please have your Caseworker contact Johanna Vazquez directly for more information at 302.772.8552.

Interview Notes/Comments:

Volunteer Coordinator: _____ ***Date:*** _____

2nd Board Member Approval: _____ ***Date:*** _____