

## Volunteer Application Form

---

### Applicant Information:

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**Current Status (circle):** Retired Working: FT PT Homemaker Student

### Business/Professional Background (5 years, most recent first):

Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

### Professional Affiliations:

\_\_\_\_\_ Current \_\_\_\_ Past \_\_\_\_

\_\_\_\_\_ Current \_\_\_\_ Past \_\_\_\_

### Fundraising Experience:

\_\_\_\_\_ Current \_\_\_\_ Past \_\_\_\_

\_\_\_\_\_ Current \_\_\_\_ Past \_\_\_\_

### Volunteer Experience:

\_\_\_\_\_ Current \_\_\_\_ Past \_\_\_\_

\_\_\_\_\_ Current \_\_\_\_ Past \_\_\_\_

### Expertise/Specialty:

\_\_\_\_\_  
\_\_\_\_\_

**Days and hours of Availability:** \_\_\_\_\_

**Please mark all volunteer areas of interest:**

Fundraising (Circle Money and/or Items)			
Corporate	Money	Items	
Organization	Money	Items	
Foundation	Money	Items	
Community	Money	Items	
Individual	Money	Items	
Promotion/Marketing/Social Media			
Website/Mobile Assistance			
Legal Assistance			
Accounting/Tax Assistance			
Donation Items Pick-Up			
Donation Items Collection			
Donation Sorting			
Bag Assembly			
Bag Distribution			
Board Member Position _____			
Other _____			

Comments/Questions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

When a volunteer is under the age of 19, the signature of their parent/legal guardian is required.

Parent's Full Name \_\_\_\_\_

Street Address (when different than child's) \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



Please return your completed application to: [info@truecircle.org](mailto:info@truecircle.org)

*Thank you for your interest! Someone will get back to you within the week.*