

Many Infinities, Inc.
P.O. Box 1770
Alabaster, Alabama 35007
(205) 258 - 0222
www.manyinfinities.org



VOLUNTEER APPLICATION

Dear Volunteer Applicant,

Thank you for your interest in partnering in the effort to LIVE beyond Autoimmunity. No matter the capacity of your involvement, know that this donation of time and skills will make a difference in the lives of families battling chronic illness every day.

There are several different volunteer opportunities. Therefore it is very important that you provide as much information as possible regarding your skills, background, and areas of interest. The completed application may be emailed to getinvolved@manyinfinities.org or mailed to Many Infinities, Inc. P.O. Box 1770, Alabaster, AL 35007.

A representative of Many Infinities will contact you within 48-72 hours of receiving your volunteer application. Please be prepared for a brief phone conversation regarding more specific opportunities; after which you will receive a letter of appreciation, detailing the agreed upon volunteer duties.

We are infinitely grateful for your involvement and look forward to working with you.

Sincerely,

Deven K. Woods

Founder

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or Guardian if under 18 years: _____

*If volunteer is under 18 years, the parent/guardian must also complete a volunteer application and agreement form.

Address: _____

Tele: _____ (H); _____ (O)

Cell: _____ Fax: _____

EMAIL: _____

Company or Volunteer Group Name (if applicable): _____

Date of Birth: _____ Driver's License No. _____ (if applicable)

Emergency Contact: _____

(Name)

(Tele. No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who volunteer with Many Infinities, Inc.? ___Yes ___No

When you are available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____

Please list your special skills and training

Types of volunteer work you think you'd be most comfortable with:

- Helping with group activities Community Development
- Counseling (must be clergy or certified) Administrative/Clerical/Graphic Design
- Event Planning Recruitment/Fundraising
- Awareness Team Other Specify _____

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing Address: _____

Tele. No.: _____

Name: _____ Mailing Address: _____

Tele. No.: _____

As a volunteer for Many Infinities, Inc., I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that Many Infinities may terminate this agreement at any time without prior notice for any reason. I hereby authorize Many Infinities to check my references.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I agree to a phone conversation with a representative and an orientation, if necessary, to perform my volunteer role.

I hereby Release and Waive liability against Many Infinities, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependents may suffer in connection with any volunteer work for Many Infinities. Further, I agree that Many Infinities, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for Many Infinities. I agree that this release is as broad and inclusive as permitted by the laws of the State of Alabama.

Volunteer Signature: _____ **Date:** _____

FOR OFFICE USE ONLY						
Date Received	Rep Initial	Phone Date	Start Date	Role	Location	Sign
_____	_____	_____	_____	_____	_____	_____