



## **VOLUNTEER APPLICATION**

All the fields are required to be completed as accurately as possible prior to being considered for a HANNIBAL SQUARE COMMUNITY LAND TRUST (HSCLT) volunteer. Incomplete applications will not be considered.

### **PLEASE PRINT:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip)

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail Address

### **EMERGENCY CONTACT:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **DEMOGRAPHIC INFORMATION:**

Age: \_\_\_\_\_

Gender:  Male  Female

### **EDUCATION:**

I have completed:  HS  Some College  College

If applicable, please provide the name of the college that you are currently attending: \_\_\_\_\_

Please indicate if you are a:  Freshman  Sophomore  Junior  Senior

I need volunteer hours for school/college credit: \_\_\_\_\_ If yes, how many credits? \_\_\_\_\_

### **INFORMATION ABOUT YOUR VOLUNTEER INTERESTS:**

Please describe in detail why are you interested in volunteering with HSCLT?

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



**INFORMATION ABOUT YOUR INTERESTS/SKILLS/EXPERIENCE AND AVAILABILITY:**

Tell us your volunteer preference:

- |   |  |
|---|--|
| <input type="checkbox"/> Working directly with families | <input type="checkbox"/> Event Planning                        |
| <input type="checkbox"/> Office Support                 | <input type="checkbox"/> Workshops (registration, set-up etc.) |
| <input type="checkbox"/> Website updates                | <input type="checkbox"/> Community Events                      |

**PLEASE LIST YOUR EXPERIENCES OR SKILLS THAT RELATE TO THE PREFERENCE INDICATED PREVIOUSLY:**

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**PLEASE LIST YOUR CURRENT VOLUNTEER ROLES WITH LOCATION (IF ANY) AND LIST YOUR PREVIOUS VOLUNTEER ROLES:**

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**PLEASE CHECK MOST APPROPRIATE DAY AND SHIFT THAT YOU WOULD BE AVAILABLE TO VOLUNTEER:**

**Mornings:**

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Afternoons:**

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Evenings:**

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

I have read and understand this agreement. I have had my questions fully addressed, and have received a copy for my permanent personal records.

Print Name \_\_\_\_\_

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