



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:

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

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 _____