



LGBTQ PRIDE

VOLUNTEER APPLICATION FORM

Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Email: _____

Previous Volunteer Experience _____

Occupation (Past occupation if retired/not currently working) _____

Other information that will help us make a good match (such as education, special skills, etc) _____

Languages Spoken _____

Availability and Volunteer Assignment Preferences

Please check all that are applicable:

- I am available
- | | | |
|---|---|--|
| <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once a week | <input type="checkbox"/> More than once a week |
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed | <input type="checkbox"/> Other _____ |

Do you have a valid (state) driver's license? Yes No

License Number _____ Vehicle License Plate Number _____

Insurance Company _____ Policy # _____

Have you ever been convicted for violation of any laws, traffic, or otherwise? Yes No

If yes, please explain: _____

Do you have any physical condition that may limit your activities? Yes No

If yes, describe _____

Who to notify in case of an emergency? _____

Telephone # _____

References

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer, or relationship other than a personal friend.

Full Name _____

Address _____

Relationship _____

Full Name _____

Address _____

Relationship _____

Full Name _____

Address _____

Relationship _____

I hereby give any consent to contact my references; to contact my employers, past and present; and to cond background check.

Signature of Applicant

Date



LGBTQ PRIDE

lgbtqpride.org

Changing Hearts. Changing Minds.

Serving the local LGBTQ Community of the Pocono Mounrains.