

Volunteer Application

| Contact Information | |
|--------------------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |
| Birthdate | |
| | |
| Availability | |
| During which hours are you a | available for volunteer assignments? |
| | |
| Weekday mornings | - |
| Weekday afternoons | |
| Weekday evenings | Weekend evenings |
| | |
| Interests | |
| Tell us in which areas you are | e interested in volunteering |
| Teacher/Interpretive Nat | uralist |
| Natural Resource Manage | |
| Construction | |
| Special Events | |
| Research Assistant | |
| Beautification | |
| Marketing/Clerical | |
| Other: | |
| | |
| Special Skills or Qualific | cations |
| | qualifications. Be sure to include hobbies and other area of interest. |
| | 4 |
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| | |

| Summarize your previou | volunteer experience. |
|--------------------------|-----------------------|
| - Summanize your previou | Totalico experience. |
| | |
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| | |
| | |
| | |
| | |
| | |
| Person to Notify in | ase of Emergency |
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| | |
| E-Mail Address | |

Date

Our Policy

Signature

Name (printed)

check.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Also, I consent to a background

Please return completed form to Amy Loving, <u>aloving@eicc.edu</u>. You may also or drop off the form or mail to: Nahant Marsh 4220 Wapello Ave. Davenport, IA 52802.

Thank you for completing this application form and for your interest in volunteering with us.