Volunteer Application



Date:	
Name of Volunteer:	Age:
Home Address:	
City: Zip:	
Phone:	
E-mail Address:	
List any previous volunteer experience, special skills, interes	ts or qualifications:
Physical Limitations/Concerns:	
Volunteer Interests: □ Richland Farmers Market □ Fundraising Events □ Light Custodial /Cleaning □ Decorating for Holidays	☐ Gardening/Landscape ☐Other:
What would you enjoy doing while volunteering?	
What would you NOT want to do while volunteering?	
How many days a week are you interested in volunteering? _ How many Hours per day?	
Emergency Contact:	
Relationship: Contact Number:	
The above information is true and correct.	
Signature:Parent or Guardian:	
Date:	