



RADD Volunteer Application

Contact Information

Name:	
Street Address:	
City, State, Zip Code:	
Home/ Cell Phone:	
Work Phone:	
E-Mail Address:	
What is your preferred method of contact? (please list)	
Where did you hear about are organization from (please list/specify)?	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|--|--|---|
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Social Media | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Programs and Events | <input type="checkbox"/> Photography | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Other (please be specific) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Statistics/ graphs and charting | <input type="checkbox"/> Marketing |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name:	
Street Address:	
City, State, Zip Code:	
Home/ Cell Phone:	
Work Phone:	
E-Mail Address:	

Agreement and Signature

Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants for certain volunteer positions will be asked to consent to a criminal record check. If the position for which you apply requires a criminal record check, we will ask you to complete a separate form to authorize one.

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Authorization for criminal background check, please provide date of birth: _____ (Month/day/year)

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize RADD to contact the references named below with regard to my application to become a RADD volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: _____ Date: _____

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____
Relationship: _____

B. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____
Relationship: _____

C. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____
Relationship: _____

Our Policy

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.

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