



Supportive Housing Coalition Volunteer Application Form

Date: _____

Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Availability:

Please list specific days and times you are available to volunteer.

Interests:

Please check which areas are you best suited to volunteer:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Board Member | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Maintenance/Landscaping | <input type="checkbox"/> Social Events | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Education/Outreach | <input type="checkbox"/> Other: _____ | |

Previous Volunteer and/or Work Experience:

Organization	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Special Skills/Qualifications/Certifications:

Emergency Information:

Name	Relationship	Phone
<hr/>		

Doctor Preference: _____ Phone: _____

Hospital Preference: _____

Do you have any criminal convictions (other than parking violations and juvenile offenses?)

___ No ___ Yes Please explain: _____

Do you consent to SHC-NM performing or arranging a criminal history check? ___ No ___ Yes

References (excluding relatives)

Name	Address	Phone
1. _____		
2. _____		

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.

Agreement:

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.

Signature: _____ **Date:** _____