



# Volunteer Application

## Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Availability

\_\_\_ Weekdays Days & Times Available: \_\_\_\_\_

\_\_\_ Weekends Days & Times Available: \_\_\_\_\_

## EVA Foundation Volunteer Opportunities

- \_\_\_ Data entry
- \_\_\_ Kids Committee (additional app to fill out)
- \_\_\_ General Office
- \_\_\_ Pet Committee (additional app to fill out)
- \_\_\_ Elder Committee (Additional App to fill out)
- \_\_\_ Ladies Night Out

## Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or other activities, including hobbies or sports: \_\_\_\_\_

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## Previous Volunteer Experience

Please summarize your previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Confidentiality & Standards Agreement

I understand that the EVA Foundation maintains a policy of strict confidentiality with regard to its clients, staff and volunteers. I agree that I will act in a professional manner by respecting the rights and confidentiality of EVA Foundation clients, staff and volunteers. I also agree I will not discuss with others outside the Eva Foundation any information I may see or overhear about any client, staff or volunteer of the EVA Foundation, including but not limited to, the name, any information relevant to family history, or any other information regarding EVA Foundation clients, staff or volunteers which could in any way endanger the client, staff or volunteer. I further agree that if I breach this agreement in any way, EVA Foundation shall have the right to terminate my services or to release me from service at any time.

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.

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EVA Foundation 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 volunteer application form. Please fax this completed form to 800-709-1750.