



Volunteer Application

Neriah Community Health Foundation 501 (c)(3) Non-profit 352-507-8641

Contact Information

First Name:		Last Name:	
Address:			
City		State	ZIP
Home Phone:		Cell Phone:	
E-Mail Address:		Age:	Sex:

Availability

When are you available to volunteer? _____

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Construction
- Health/Medical
- Newsletter production
- Volunteer coordination
- Other

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.

Paste your Resume

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name			
Street Address			
City	State	ZIP	
Home / Cell Phone			
E-Mail Address			

Agreement and Signature

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	

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.

You may mail or email your application to Neriah Community Health Foundation 501 (c)(3) non-profit P.O. Box 996, Medford, MA 02155 or neriahchf@yahoo.com www.neriahcommunityhealth.org

