

Universal Touch of Life Medical Foundation Inc.



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings _____ Available Date
 Weekday afternoons Weekend afternoons Short Term Mission (5- 10 days)
 Weekday evenings Weekend evenings Long Term Mission (1 month or
More)

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events
 Field work
 Fundraising
 Deliveries
 Phone bank
 Newsletter production
 Volunteer coordination
 Others Please specify _____

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.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile 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.

Health Condition