



Purpose & Possibilities

706 SW 7th Street
PO Box 450
Madison, SD 57042-0450
Phone: (605)256-6628 - Fax: (605) 256-2060

VOLUNTEER APPLICATION

Contact Information:

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a student? Yes ___ No ___

If so, is volunteer work required for school? Yes ___ No ___

If yes, how many hours are required? _____

Related Education _____

Related Experience _____

Special Skills/Hobbies: _____

Specific interests for volunteer service in this facility: _____

Days of the week and times you are available to volunteer (please circle all that apply):

<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.
eve	eve	eve	eve	eve	eve	eve

How did you hear about our organization? _____

Why do you want to volunteer with us? _____

NOTIFICATION AND AGREEMENT: Please read before signing

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of volunteer opportunities, or dismissal from volunteer work, regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

I understand that I am agreeing to serve on a volunteer basis for the program at Valiant Living and that I will not receive compensation in the form of a salary or wage for the time spent in volunteer duties.

I agree to comply with the requirements and regulations of Valiant Living and will treat all information to which I have access in a confidential manner.

Applicant Signature

Date