



# VOLUNTEER APPLICATION

## Contact Information

Name	
Address	
City, State & Zip Code	
Phone (Hm)	
Phone (Wk)	
Phone (Cell)	
E-Mail	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings
- Any time

Type of volunteer assignment

- Virtual
- One-day
- Ongoing

## Interests

What are your areas of interest?

- Administrative
- Events (PR/Marketing/Planning)
- Field Work
- Fundraising
- Patient Assistance (Social Work)
- Accounting
- IT
- Project Management
- Advocacy
- Board Membership
- Committee

## Special Skills or Qualifications

Summarize any special skills and qualifications you have acquired from employment, previous volunteer work or through other activities (hobbies or sports, etc.).

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### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City, State & Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Agreement & 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.

Print Name	
Signature	
Date	

Please forward a copy of [your CV/Resume](#) along with this application for consideration by mail, email or fax to:

**P.O. Box 5287  
Evanston, Illinois 60204  
nowoodennickels.org  
info@nowoodennickels.org  
888-842-2654 (Ph)  
847-864-4314 (Fx)**

It is the policy of No Wooden Nickels to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for your interest in volunteering with No Wooden Nickels**