Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
Work Phone	
E-Mail Address	
Date of Birth	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

_ Weekday mornings

__ Weekday afternoons

- Weekend mornings
 Weekend afternoons
- ____ Weekday evenings
- ____ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

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. (In addition to summarizing your skills and qualifications, attaching your resume is optional.)

Previous Volunteer Experience

Summarize your previous volunteer experience.

T-Shirt Size

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 the immediate termination of my volunteer assignment.

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.

Please return completed applications to: <u>CCVP@austintexas.gov</u> or Austin Code Community Volunteers, PO Box 1088, Austin, TX 78767