



Volunteer & Youth Application

We appreciate you taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

PLEASE PRINT CLEARLY. Thank you.

General Information

First Name: _____ Last Name: _____ Date of Birth: _____

Mailing Address: _____

Telephone: Home - _____ Best time to call: _____

Work - _____ Best time to call: _____

Cell - _____ E-mail: _____

Person to contact in case of an emergency: _____ Phone: _____

Previous Volunteer Experience: _____

How did you hear about the Family Planning Association and why are you interested in becoming a volunteer?

Do you drive? Yes No Do you have regular access to a car? Yes No

When are you available to volunteer (check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day are you available? (check all that apply) Morning Afternoon Evening

Please complete this next section if you wish to work directly with guests and clients.

Experience (work, school, volunteer) related to FPATT's work: _____

Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us.

- Advertising
- Computer skills
- Data entry
- Internet research
- Photography
- Proposal writing
- Publishing, newsletters, posters, etc.
- Reception
- Soliciting sponsors / in-kind donations
- Sound system/audio knowledge: I have access to equipment yes no
- Speak other languages
- Youth development
- Administrative support
- Outreach or community engagement
- Special Events: set-up & tear-down operation
- Fundraising
- Facilitation Skills
- Other _____

Other (please specify):

References

Please provide two references.

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

Your signature gives FPATT permission to contact your references.

Signature

Date