



Volunteer Application

Contact Information

Name: _____

Address: _____ City, State, Zip Code: _____

Phone Number: (_____) _____ E-Mail: _____

Emergency Contact Information

Name: _____

Relation: _____ Phone Number: (_____) _____

Availability to Volunteer?

Monday - ___:___ to ___:___

Thursday - ___:___ to ___:___

Tuesday - ___:___ to ___:___

Friday - ___:___ to ___:___

Wednesday - ___:___ to ___:___

Saturday - ___:___ to ___:___

How would you like to volunteer?

- | | |
|--|--|
| <input type="radio"/> Sort Equipment | <input type="radio"/> Clean Equipment |
| <input type="radio"/> Equipment Repair | <input type="radio"/> Special Event/Fundraising |
| <input type="radio"/> Data Entry | <input type="radio"/> Phone/Office Work at Warehouse |
| <input type="radio"/> General at Warehouse | <input type="radio"/> Other: _____ |

Special Skills or Qualifications

What skills and qualifications would make you ideal for the activities chosen above?

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.

Signature: _____

Date: _____

Thank you for completing this application form and for your interest in volunteering with us.
Please email your signed copy to hj@rerunmed.org.