
Volunteer Information

How did you learn about this volunteer opportunity? _____

Why are you interested in volunteering for Dove's Nest? _____

Frequency (Indicate how often you would like to serve):

Weekly Biweekly Monthly Quarterly Special Project On Call

Availability:

Weekdays: Monday Tuesday Wednesday Thursday Friday

Evenings: Monday Tuesday Wednesday Thursday Friday

Weekends: Saturday Sunday

Preferred Days/Times: _____

Signature

I certify that the information on this application is correct. My signature below authorizes my references to release information regarding my association with them, whether the information is positive or negative. I release all parties and persons from any and all liability for damages that may result from furnishing such information to the Alex C. Dove Foundation, as well as from the use or disclosure of such information by the Alex C. Dove Foundation or any of its agents, employees, or representatives. I hereby grant the Alex C. Dove Foundation permission to use photographs of me in publications or other communications related to its mission. A copy of this form will be as effective as the signed original.

Signature: _____

Date: _____