

## **Volunteer Application**

Date: \_\_\_\_\_

Personal Informat	ion:				
Name (First)	(Middle Initial)	(Last)		/_/ DOB	
Street Address			Aŗ	partment Number	
City			State	Zip Code	
E-mail Address					
I prefer to receive	calls at:				
□ Home Phone N	umber:	🛛 Business P	Business Phone Number:		
Cell Phone Nun	nber:	Other: _			
Emergency Contac	t Name	Telephone Number	Re	lationship	
Interests/Passions	s/Skills/Strengths:				
<ul> <li>Help with Bull</li> <li>Help Plan Fun</li> <li>Help Work Ful</li> <li>Cleaning after</li> <li>Summer Lawr</li> <li>Winter Snow</li> <li>Special Project</li> <li>Offer handy-n</li> <li>Host a donation</li> </ul>	draising Events ndraising Events guests leave Care Removal ts (Spring Cleaning/Fall nan services				
References (Please	e provide two referenc	es):			
Reference Name Rel		Relationship		Phone Number	

Reference Name

Relationship

Phone Number

Alex C. Dove Foundation • 928 Sussex Court • Nekoosa, WI 54457 <u>www.alexcdovefoundation.org</u> • alexcdovefoundation@gmail.com

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	□ Monthl	y 🛛 Quarterly	□ Special Pr	oject 🛛 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: \_\_\_\_\_