

Volunteer Application Jordyne Cares



Please complete the entire volunteer application and return

CONTACT INFORMATION

Name: _____

Street Address: _____

City: _____ ST: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

E-Mail Address: _____

AVAILABILITY

Day _____ Evening _____ Weekend _____

Frequency? _____ Weekly _____ Biweekly _____ Monthly _____ Special Events

TELL US MORE ABOUT YOU

Do you hold a valid driver's license? _____ If yes, in which state? _____

Are you bilingual? _____ If yes, in which language(s)? _____

INTERESTS

Tell us in which areas you are interested in volunteering

_____ Administration _____ Events _____ Field work _____ Fundraising _____ Deliveries

_____ Phone bank _____ Newsletter production _____ Public Speaking

_____ Volunteer Coordination _____ Other

_____ Events: help organize events hosted by *Jordyne Cares* as well as assist with these events organized for *Jordyne Cares* benefit by other groups.

_____ Office administration: assist with paper work, database entry and other office task.

Please list any special skills/experience you feel would bring added benefit to the Charity.

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.

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.

Name (printed) _____

Signature: _____

Date: _____



Jordyne Cares

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