



# Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Date of Birth	
Home/Cell/Work Phone	
E-Mail Address	
Have you ever been arrested ____ Yes ____ No	If yes, please explain _____ _____

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

- Administration  
 Special Events  
 Fundraising  
 Deliveries  
 Posting Flyers  
 Newspaper Production  
 Newspaper Delivery

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**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	

**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.

**Tell us why you would like to volunteer with the Justice Coalition:**

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**Scan and email back to: [cam@justicecoalition.org](mailto:cam@justicecoalition.org)**

**Fax back to: 904-783-4172**

**or mail to : The Justice Coalition / 1935 S. Lane Ave., Ste. 1, Jacksonville, FL 32210**