WOODMERE

VOLUNTEER APPLICATION

Date:

Name:

Address:

City: State: Zip Code:

Phone: Email:

Emergency Contact Name:

Emergency Contact Number:

How did you learn about Woodmere's volunteer programs?

Have you volunteered for an organization before? **Yes** **No**

If so, where?

Please list experiences and/or skills that you would bring to Woodmere:

Please check of your regular hours of availability:

	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

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