



Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

- Morning (7:00a-12p)
 Afternoon (12p-5:00p)
 Flexible

Please indicate any details about your availability that may impact how we schedule you.

Interests

Tell us in which areas you are interested in volunteering. (Place an (x) by the area of choice)

Tournament

Logistics

Other

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. **I understand this is my electronic signature:**

Name	
Date	

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 your interest in volunteering with us.

Upon completion, please resend this form to David Robinson, Jr. via e-mail at drobinson@dccd.edu or fax 214-378-1840.