

Volunteer Application



Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Is this address: ☐ Home? ☐ Business? ☐ Temporary? Birthday _____

Business or School Name: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Mobile Phone: _____ E-Mail: _____

Emergency Contacts

Name _____ Relationship _____

Address _____

Phone Number _____

Name _____ Relationship _____

Address _____

Phone Number _____

Education/Work Experience

Let us know why you are interested in volunteer/internship opportunities at Lump to Laughter

Please describe any paid or volunteer/internship work experience you have had that might relate to your interest in volunteering/interning at Lump to Laughter

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What training or formal education have you had that might help you volunteer/intern with us?

Are you presently attending school? ☐ Yes ☐ No

Will you receive academic credit for your volunteer/intern work? ☐ Yes ☐ No

Are there any tasks or work that you would not be able to perform as a volunteer/intern at Lump to Laughter? ☐ Yes ☐ No

If yes, please specify: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please specify: _____

How did you learn about the volunteer/intern program at Lump to Laughter?

Does your employer match your volunteer/intern hours with donations of money or in-kind services?

☐ Yes ☐ No If Yes, who do we contact? _____

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Time Availability

Note: We ask our volunteers/intern to make an initial six- month commitment to a program

How many hours per week are you available? _____

If you do not want a weekly schedule, what is your preference? _____

Indicate in the blocks below the times you most prefer to volunteer/intern:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteer Interests and Skills Survey (volunteers only)

There are many opportunities for volunteers to get involved! Please take a moment to share with us the interests and skills you could bring to our organization:

Administrative

- ☐ Data Entry
- ☐ CRM Management
- ☐ Copy/Filing/Paperwork
- ☐ Contact Us Follow up
- ☐ Graphic Design
- ☐ Web Design/Web Maintenance

Outreach/Advocacy

- ☐ Event Volunteering
- ☐ Outreach to Medical Field
- ☐ Sending Cards to or calling those newly diagnosed
- ☐ Volunteer Coordinator/Management
- ☐ Fundraising
- ☐ Support Coordinator

Public & Donor Relations

- ☐ Solicit Donors
- ☐ Marketing
- ☐ Social Media Guru
- ☐ Public Speaking
- ☐ Calling Donors to Thank them
- ☐ Leading Support Group
- ☐ % of Sales/ Vendor Solicitor
- ☐ Media Relations

Events

- ☐ Photography
- ☐ Decorating
- ☐ In-Kind Donation Solicitor
- ☐ Solicit Sponsorships
- ☐ Event Coordinator/Planning
- ☐ Media Calendar of Event Entry

Financial

- ☐ Grant Writing
- ☐ Financial Planning
- ☐ Quickbooks Guru
- ☐ Budgeting

Committees I may want to serve on

- ☐ Finance & Budget Committee
- ☐ Outreach & Support Committee
- ☐ Fundraising Committee

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Others skills or interests not listed above? Are you passionate about a particular topic?

Recognition

How would you like your efforts to be recognized?

- ☐ Personal thank-you
- ☐ Private Recognition
- ☐ Public Recognition: L2L newsletter and Annual Report
- ☐ Hand-written thank you
- ☐ Small tokens of appreciation
- ☐ Plaque
- ☐ Certificate
- ☐ Other _____

Personal and Professional References

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____

Signature _____ Date _____