

VOLUNTEER APPLICATION

Name: _____ email address: _____

Street Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Age: _____ Todays Date: _____

Signature of guardian if under 18 years of age: _____

Place of Employment: _____

Does your organization participate in a charitable gift matching program: _____

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Why do you want to volunteer for Water Without Borders? _____

How did you hear about the volunteer program? _____

Do you have any area of specific skills that would be beneficial to WWB? _____

Do you know of any local business or individual who might be willing to donate service, equipment, or become a sponsor of WWB? _____

Please check the volunteer positions that you would be interested in:

____ Administrative Support

For Office User Only: Assigned Committee _____

VOLUNTEER APPLICATION

- ___ Grant Writing
- ___ Grant/Non-profit Opportunity Research (internet based)
- ___ Fund Raising Committee Member
- ___ Special Event/Fundraising support per project
- ___ Education/Awareness
- ___ Social Media (internet based)
- ___ Marketing/Newsletter
- ___ Disaster Relief Projects

How many hours can you commit per week?

Weekdays/times: _____

Weekends/times: _____

Would you be interested in becoming a volunteer supervisor? _____

For Office User Only: Assigned Committee _____