



# VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Preferred name on ID badge: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Education: \_\_\_\_\_

Special Skills: Foreign / sign language: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other volunteer service: \_\_\_\_\_

Are you a seasonal resident? (Please check)  Yes  No

If yes, out-of-town address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Days Available (please circle): M T W Th F Sa Su

Time Available (please circle): Morning Afternoon Evening Special Events

## AGREEMENT

I agree to spend **FOUR** hours per week at my assignment and if I am unable to report for my assignment, I will give adequate notice. I further agree to a commitment of **ONE** year and to attend ongoing trainings and/or meetings which are requirements of the assignment. In the course of performing services under this agreement, the EFWE may communicate information to the Volunteer or the Volunteer may have access to EFWE information. The Volunteer shall treat all such information as confidential, whether or not it is identified as confidential and shall not disclose to any third party or use, for purposes not agreed upon by EFWE.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Please return completed application to [volunteers@edisonford.org](mailto:volunteers@edisonford.org).

### FOR OFFICE USE ONLY

Start date: \_\_\_\_\_ Assignment: \_\_\_\_\_ Orientation: \_\_\_\_\_

Guided & Audio Tour: \_\_\_\_\_ Docent Training (if applicable): \_\_\_\_\_