



Volunteer Application

Contact Information

Full Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	
Social Security Number	
Birthday	(MM/DD/YYYY)
(If under 18) Parent Signature	
***	All personal information is kept private and secure

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

Interests

Tell us in which areas you are interested in volunteering.

Administration

Events / Festival Booths

Field work / Teaching

Fundraising

Newsletter production

Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
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.

Name (printed)	
Signature	
Date	

Our 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. All volunteers are subject to a background check. Photos and Videos may be used as marketing materials. All personal information is kept private and secure.

<input type="text"/>	(Initials) I agree to OPM performing a background check to participate as a volunteer.
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.

Please drop off, mail, fax, or email to:

Operation Peace of Mind
ATTN: Danese Griffith
383 Perry St.
Lewisville, TX 75057
fax: 972-436-5709
volunteer@opmnig.org