

HOPEFitness

Making Fitness Accessible for ALL Abilities

HOPEFitness Foundation Volunteer Application

Contact Information:

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability:

During which hours are you available to volunteer?

<u>Weekdays</u>	<u>Time/Hrs</u>	<u>Weekends</u>	<u>Time/Hrs</u>
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Sunday	_____
<input type="checkbox"/> Wednesday	_____		
<input type="checkbox"/> Thursday	_____		
<input type="checkbox"/> Friday	_____		

Interest:

Tell us in which areas you are interested in volunteering

Assistant Trainer Administrative Events Fundraising

Other (please explain) _____

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.

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Previous Volunteer Experience:

Summarize your previous volunteer experience

Person to Notify in Case of Emergency:

Name	
Street Address	
City, State & Zip Code	
Home Phone	
Cell 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 the HOPEFitness Foundation to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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