



**CONCERNED BELIZEANS**

**Volunteer Application**

**Contact Information**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Availability**

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

**Interests**

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Deliveries
- Phone bank
- 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.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
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.

## Mail Address

Mail this completed form to the address below.

CONCERNED BELIZEANS INC.

735 Broadway

North Chicago, Illinois 60064

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

Visit our website at [www.concernedbelizeans.org](http://www.concernedbelizeans.org)