



PEACE Zone

Volunteer Application

Name _____ Nickname _____
(Last) (First) (MI)

Street Address _____
City/State/Zip

Telephone _____ Email address _____
Circle: Home – Cell – Work

Are you over the age of 18? Yes No

Schedule (Check the day(s) when you are available to do volunteer work)

Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Hours (Please check)

Morning (9am – 12pm) _____ Afternoon (1 – 4pm) _____

Frequency (Please check) – Please note that if you want to volunteer at the front desk, it must be weekly

Weekly _____ Biweekly _____ Monthly _____

What are your interests? (Check all that apply)

_____ Art _____ Traveling _____ Sports

_____ Music _____ Games _____ Computers

_____ Exercising & Fitness _____ Movies

_____ Other (please list) _____

Please check which volunteer opportunities interest you (*Check all that apply*)

- Check-in assistant/greeter Social Events Planning
- Outreach Administrative /Clerical
- Resource Organizer WRAP Facilitator
- Creative Activity Leader Exercise Leader
- Smoking Cessation Facilitator Recovery Discussion Group Leader
- Other, please explain _____

How did you hear about PEACE Zone? _____

Are you a member of PEACE Zone? Yes _____ No _____ How long? _____

Please explain why you would like to volunteer at PEACE Zone.

Personal References (Please list three)

Name	Title/Position	Phone Number

Signature

Date