

Contact Information		
Date		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
During which hours are you a	vailable for volunteer assignments?	
M 1.1		
	Weekend mornings	
Weekday afternoons	Weekend afternoons	
Weekday evenings	Weekend evenings	
Tell us in which areas you are Administration Events Field work Fundraising Deliveries Phone bank Newsletter production Volunteer coordination	e interested in volunteering	
Special Skills or Qualific	cations	
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 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.

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

HOMIES ORGANIZING THE MISSION TO EMPOWER YOUTH (HOMEY)

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Fax: 415.861.3/91 Email: www.homey-sf.org