**ALCOVETS**

**Volunteer Application**

**Personal Information**:

Full Name:

Date of Birth:

Gender: [ ] Male [ ] Female [ ] Other

Address:

City:

State/Province:

Zip/Postal Code:

Phone Number:

Email Address:

Gender:

* Male
* Female

**Availability**:

Please indicate your availability for volunteering:

Days of the Week:

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday
* Sunday

Times: [ ] Morning [ ] Afternoon [ ] Evening

Frequency: [ ] Weekly [ ] Bi-weekly [ ] Monthly [ ] Occasionally [ ] Other (please specify):

**Skills and Interests:**

What skills or experience do you have that you believe would be beneficial to our organization?

* Administrative/Office Support
* Event Planning
* Fundraising
* IT/Technical Support
* Counseling/Support Services
* Public Speaking
* Other (please specify):

**Volunteer Preferences:**

What type of volunteering activities are you interested in?

* Direct service (working directly with veterans or clients)
* Indirect service (behind-the-scenes tasks)
* Special events (fundraisers, community events)
* Remote/online volunteering
* Group volunteering
* Other (please specify):

**Emergency Contact Information:**

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

Additional Information:

Is there anything else you would like us to know about you or your volunteer interests?

Declaration:

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submitting this application does not guarantee volunteer placement, and I agree to undergo any necessary background checks or training required for volunteering with ALCOVETS.

Signature:

Date: