

ACCENTS ON ANTIQUES

Volunteer Application

Please Print

Name: _____
Last First Middle Initial

Address: _____
Number Street Apt.

City/Town State Zip Code

Birth Date: ____/____/____ **Home Phone:** _____ **Work Phone:** _____
Month/Day

Fax Number: _____ **E-mail Address:** _____

Presently Working: Yes No

Previous Volunteer Experience: Yes No

If yes, Where?: _____ **Position:** _____

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday

Time of Day: Morning (10:00 a.m. - 1:30 p.m.)
 Afternoon (1:30 a.m. - 5:00 p.m.)
 Evening (5:00 p.m. - 7:30 p.m.) Tu./Wed./Th.

Willing to Substitute: Yes No

Emergency Contacts: Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

The above information is accurate and correct to the best of my knowledge. It is understood that Accents on Antiques is not obligated to provide a volunteer placement.

Signature

Date