



# Volunteer Application

Last Name: \_\_\_\_\_ First Name:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email:

\_\_\_\_\_

Language Abilities:

\_\_\_\_\_

Faith Community: (Optional)

\_\_\_\_\_

Birthday: (Optional - day and month only)

\_\_\_\_\_

Do you have previous volunteer experience? If yes, briefly explain.

Are you involved in any other professional, civic or ministry organizations? If yes, briefly explain.

How did you hear about volunteer opportunities at NIMBY?

Event Publication Website Facebook Friend Church Other

\_\_\_\_\_

Do you need to fulfill a community service requirement? Yes or No Number of Hours? \_\_\_\_\_

Reason for Community Service:

\_\_\_\_\_

Please indicate if you are a student: (Please circle) Middle School High School College

Name of your school?

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**Emergency Contacts:**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

2. Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

3. Allergies or physical limitations:

\_\_\_\_\_

**Please circle availability:**

Monday      Tuesday      Morning      Afternoon      Evening  
Wednesday      Thursday      Friday      Saturday  
Sunday

**Please indicate your areas of interest / skills:**

\_\_\_ Public Speaking / teaching

\_\_\_ Representing NIMBY at public events - manning a table, answering questions

\_\_\_ Time for Change / Change Purse (Watch / Purse Projects)

\_\_\_ Participate in or lead a book discussion group

\_\_\_ Marketing, Graphic Arts, Design

\_\_\_ Administrative support

\_\_\_ Computer

\_\_\_ Event planning, coordination

\_\_\_ Writing for website, blog, newsletters or Facebook

\_\_\_ Legislation / Lobbying

\_\_\_ Prayer

\_\_\_ Fundraising

\_\_\_ Gather information on suspected trafficking cases

\_\_\_ Willing to work wherever needed

**Would you like to be included on our mailing list? Yes or No**

**As a volunteer for NIMBY I agree to:**

1. Keep confidential the names and all information of people reporting information to or receiving assistance from NIMBY and related organizations.
2. Keep confidential information regarding suspected trafficking cases - including names and addresses.

3. Keep the above information confidential even after my volunteer service is completed.

**Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**As a volunteer over the age of 18**, I certify that I am in good physical condition. I will not hold NIMBY responsible for any accidents, injuries or losses of property.

**NIMBY has my permission to use my photo or image in its publications or videos.** Yes or No

**Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**Parent or guardian consent is required for volunteers under the age of 18.** I certify that my child has my permission to volunteer for NIMBY. I also certify that my child is in good physical condition. I will not hold NIMBY responsible for any accidents, injuries or losses of property.

**NIMBY has my permission to use my child's photo or image in its publications or videos.** Yes or No

**Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

Return application to: NIMBY, 30 North Queen St (Lower Level) , Lancaster, PA 19603