



National Organization of Sisters of Color Ending Sexual Assault  
(SCESA)

**VOLUNTEER APPLICATION FORM**

**All information provided below will be kept confidential. Please type or print.**

**CONTACT INFORMATION:**

Today's Date					
First Name		Last Name			
Address				Suite/Unit	
City		State or Territory		Zip Code	
Home Phone		Cell Phone			
May we call you? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, please use discretion <input type="checkbox"/> No					
Birth Date		Email			
Emergency Contact Name		Phone Number			

**AVAILABILITY:**

<b>Weekdays:</b>	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
<b>Weekends:</b>	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
<b>Employed:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired
<b>Student:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>How often would you like to volunteer with SCESA:</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special <input type="checkbox"/> Whenever needed		
	How many hours would you like to volunteer?		
	<input type="checkbox"/> Please contact me to discuss my availability		

**Agreement and Signature**

I declare that the above information is accurate to the best of my knowledge. 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	
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