



Volunteer Application



CONTACT INFORMATION

Name	
Street Address	
City, State, ZIP	
Home Phone	
Cell Phone	
E-mail address	

AVAILABILITY

During which hours are you available for volunteer assignments? (Check all that apply)

Weekday mornings _____	Weekend mornings _____
Weekday afternoons _____	Weekend afternoons _____
Weekday evenings _____	Weekend evenings _____

How many hours each month will you commit?

Or, if you are interested in volunteering for a short time frame, please indicate which dates or date range that you will be available.

INTERESTS

Which areas are you interested in helping? (Check all that apply)

FRONT & CENTER

Events _____

Fundraising _____

Volunteer coordination _____

Sales _____

BEHIND THE SCENES

Administration/ data entry _____

Online research/ report _____

Social Media _____

Video Production _____

Newsletter production _____

Fabric donation pick-up / sorting _____

Product assembly _____

OTHER? _____

(Please indicate in what other way you wish to volunteer)

Summarize your previous volunteer or work experience and/or any special skills and qualifications you have acquired from school, previous volunteer work, employment, or through other activities, including academics, hobbies or sports. If you have a special talent or a fresh idea for volunteering, we are open to suggestions!
(Use a separate sheet of paper if you need more space.)



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Why are you interested in becoming Seeds to Sew volunteer? What are your overall expectations?
(Use a separate sheet of paper if you need more space.)

Please rate your skills and list others if applicable:

SKILL	NO EXPERIENCE	SOME EXPERIENCE	CONFIDENT	EXPERT
Microsoft Word				
Microsoft Excel				
PowerPoint				
Wordpress				
MailChimp				
Photoshop				
Adobe Illustrator				
Customer Service				

Tell us which of the skills listed above you enjoy doing the most and why:

Tell us which of the skills listed above you enjoy doing the least and why:



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EMERGENCY CONTACT INFORMATION

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AGREEMENT AND SIGNATURE

By submitting this application, I agree to take initiative and support the activities that are assigned to me. The information and representations provided above are true and complete. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Release and Waiver. I, the Volunteer, do hereby release and forever discharge and hold harmless Seeds to Sew International, Inc., and their respective directors, officers, trustees, employees, volunteers, partners, and agents (collectively, the "Released Parties"), and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereinafter arise from or is in any way related to my volunteer activities with the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by signing this Release I knowingly assume the risk of injury, harm and loss associated with the volunteer activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

PRINT NAME: _____ SIGN: _____ 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. Due to the volume of applications, we will not respond to every application we receive. If we wish to contact you for an interview, you will hear from us by phone or e-mail.

PARENT/ GUARDIAN CONSENT (if under the age of 18)

As the parent of the applicant above, I give my express consent for my daughter/ son's participation.

PRINT NAME:

SIGN:

DATE: