NPSC Volunteer Application

		Date
Name:		
Address:		
Phone:	Alt. Phone:	
# for receiving text messages:		
Email:		
Emergency Contact Name:		
Emergency Contact Phone:		
How many hours are needed?		
What date are hours needed to be o	completed?	
Organization hours needed for:		
Name and Contact Information for F	Probation Officer / Counselor:	
Which of the following days are you	available?	
Tuesday	Thursday	Friday
What hours are you available?		
What type of work are you intereste thriftstore, etc.)?	ed in or willing to do (kitchen, janito	orial, handyman, office,
Do you have a Food Handlers Certific	cate?	
Do you have any physical limitations	that will keep you from?	
Lifting 30 lbs. Squatting	Walking _ Climbing on step stool	Bending or Stooping Climbing up ladder
Are you willing and able to follow ve (Please note: failure to follow directi		
Note: All workers must follow good ready to work.	hygiene practices and arrive Clean	– with clean clothing and be
If you are out sick with any severe corequired for you to return and contin	ontagious condition, a doctor's note nue volunteer service.	e (Medical Release) will be
Signature:		
Center Representative Signature:		