

Volunteer Application

Personal and Contact Information

Name: _____ Phone: _____

Email: _____ Gender: _____

I would like to receive the Monthly Newsletter:

D.O.B: _____ Occupation/Work Place: _____

Address: _____ City: _____

State: _____ Zip: _____

Emergency Contact Person: _____ Phone: _____

Relationship: _____

List any languages other than English in which you are fluent: _____

What else would you like us to know about you?

Volunteer Interest

How did you first hear about AiYD? _____

What made you want to volunteer for AiYD? _____

Please list any relevant volunteer experience:

Organization	Activity/Role

Please list the skills and talents that you would like to use in a volunteer capacity:

We have lots of ways for you to get involved here in the U.S. and abroad! Please **check** any and all activities you would be interested in doing for Allies in Youth Development.

- Donating time, funds or resources
- Sponsoring a Child
- Hosting a donation drive
- Packaging and sorting items to be sent
- Addressing and sealing mail-outs
- Fundraising
- Volunteering at events
- Hosting community events such as awareness campaigns
- Taking an annual trip to Eastern Europe
- Traveling to Russia as a Trip Leader
- Other activity: _____

Do you have any ideas about new programming?

Please indicate the approximate number of hours you would like to commit:

Per week: _____ -or-

Per month: _____ -or-

Per year: _____

Please **check** the days and times you are most available for volunteer activities.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning							
Afternoon							
Evening							

I understand that any photos taken of my while volunteering may be used for Allies in Youth Development’s marketing, social media or other promotional material. *Please sign below.*

X _____

Date _____

Lastly, the fun stuff:

What is your favorite color? _____

What is your favorite candy? _____

What is your favorite restaurant? _____

What is your favorite Holiday? _____