

Volunteer Application Form
Please print and fill in completely:

Date: _____

Name: (Ms.) (Mrs.) (Mr.) _____

(Last)

(First)

(MI)

Address: _____
Number)

(Apartment

(City)

(State)

(Zip)

Home Phone: _____ Cell: _____

Email: _____

Employer: _____ Position: _____

Address: _____

Work Phone: _____

My employer offers: () Time-off program for volunteers () Donation matching program

Education: _____
(School) (Major) (Degree)

Which Volunteer Project(s) are you interested in?

- | | |
|---|---|
| <input type="checkbox"/> Medical Missions Program | <input type="checkbox"/> Fundraising Assistance |
| <input type="checkbox"/> Administrative/Clerical Assistance | <input type="checkbox"/> Africa Program Evaluation Volunteer |
| <input type="checkbox"/> Web Developer/Update | <input type="checkbox"/> Special Events Organizer |
| <input type="checkbox"/> Donation Pickup/Driver | <input type="checkbox"/> Marketing & Publicity Relations Assistance |
| <input type="checkbox"/> Medical Advisor/Other Advisor | <input type="checkbox"/> Other _____ |

Previous Volunteer Experience: _____

Do you have any other special interests, skills or hobbies that may be useful in your work with Medical Relief Alliance (i.e., professional skills, languages, computer, training, arts/performance, etc.)?

Why do you want to volunteer at Medical Relief Alliance?

Please write in the hours (start /end time) for the days that you are available to volunteer.

Beginning date: _____

End date: _____

Schedule:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Reference Name: _____

Relationship: _____ Phone: _____

Reference Name: _____

Relationship: _____ Phone: _____

Emergency Contact: (Name/relationship/phone number): _____

Have you ever been convicted of a crime? (Yes) (No) If yes, please describe:

For Statistical Purposes: (optional)

Work: () full-time () part-time () Retired () Student () Other

How did you hear about MRA? () Brochure _____ () MRA Volunteer _____

() School _____

() Volunteer Referral Organization: _____ () Internet site _____

() Work _____ (X) other _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

I ascertain that I'm in good health and able to provide the services for which I'm applying for.

I understand that MRA is not liable in the event of an accident or loss of property in the course of delivering services. Therefore, it is strongly recommended that you secure necessary insurance coverage prior to offering services.

I authorize MRA, Inc. to contact the references given above as needed for volunteer placement.

All services performed for or on behalf MRA are unpaid and the resultant product or resources belong to MRA.

Signature: _____ Date: _____

Assignment: _____ Day(s): _____ Time(s): _____