



# SOCRATES

Restoring Homes. Reviving Communities.

## Volunteer Application

Our organization encourages the participation of volunteers to support our mission. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your support!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_

Interests: Please tell us in which areas you are interested in volunteering

<input type="checkbox"/> Demo Days	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Painting Days	<input type="checkbox"/> Electrical	
<input type="checkbox"/> Curb Appeal Days	<input type="checkbox"/> HVAC	
<input type="checkbox"/> Neighborhood Rising Party Days	<input type="checkbox"/> Community Outreach	

Please indicate days available: Mon Tues Wed Thurs Fri Sat

Times available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

*As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates cannot assume any responsibility for any liability for any accident, injury or health problem that may arise from any volunteer work I perform for the organization. I agree that all work I do is on a voluntary basis and I am not eligible to receive any monetary payment or reward.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_