



# CARROLL GARDENS ASSOCIATION, Inc.

## Volunteer Application

### Contact Information

Name:					
Address:					
Home #:		Work #:		Cell #:	
Email:					

### Availability

During which hours are you available for volunteer assignments?

Weekday mornings     
  Weekend mornings     
  Total # hours available/week  
 Weekday afternoons     
  Weekend afternoons     
  Total # hours available/ semester  
 Weekday evenings     
  Weekend evenings     
 Other

### Interests

Tell us in which areas you are interested in volunteering:

<input type="checkbox"/>	Administrative Tasks	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Volunteer Coordination
<input type="checkbox"/>	Filing	<input type="checkbox"/>	Marketing Materials	<input type="checkbox"/>	Programs
<input type="checkbox"/>	Phone Support	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Conducting Workshops
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Web Development	<input type="checkbox"/>	Other (Please identify)
<input type="checkbox"/>	Event Planning	<input type="checkbox"/>	Legal	<input type="text"/>	

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Volunteer Experience

Summarize your previous volunteer experience.

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Tell us why you want to volunteer at Carroll Gardens Association, Inc.

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### References

Please name two people other than a relative who would be willing to serve as a personal reference.

Name	Phone Number	Email

### Person to Notify in Case of Emergency

Name:	 				
Address:	 				
Home #:	 	Work #:	 	Cell #:	 
Email:	 				

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	 
Signature	 
Date	 

Email form to: [info@carrollgardensassociation.com](mailto:info@carrollgardensassociation.com); Fax form to: (718) 243-9304

Attention: Volunteer Service