



Austin17House

263 ROUTE 125 ~ BRENTWOOD NH 03833
603 770 6374

STAFF@AUSTIN17HOUSE.ORG

Volunteer Application

Please print OR type

Name _____ Date _____

Maiden/Other Surname(s): _____ Birthday:(Month/Day) ____ / ____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Contact Preference? ___ Phone ___ Text ___ Email ___ No preference

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

POSITION(S) FOR WHICH I AM INTERESTED IN APPLYING (choose up to 2)

Program Director: _____ Mentor _____ Role Model _____ Staff _____

Availability: *Check All That Apply*

Afternoons: Sun () Mon () Tues () Wed () Thur () Fri () Sat ()

Evenings: Sun () Mon () Tues () Wed () Thur () Fri () Sat ()

Once a week () More Than Once a week () One Time Only ()

Weekends for events () Saturday () Sunday

Volunteer Program Preferences: *Check All That Are Applicable*

Building Maintenance (): _____ (please specify)

Creative Arts (): _____ (please specify)

Diversion, Juvenile Justice () : _____ (please specify)

Events and Fundraising Committee () _____

Fundraising and Marketing Committee () _____

Kitchen () : _____

Parent Support () : _____ (please specify)

Volunteer *leadership () : _____ (please specify)

Wellness and Recreation () : _____ (please specify)

OTHER: _____ (please specify)

In an effort to help us place you in the best role within Austin17 House, please complete the table below. Feel free to attach an additional page.

Skills	
Hobbies	
Experiences (Personal/Work)	
Educational Background	
Degrees/ Certificates	
Personal Attributes	

References: Please list three people that we may call who are **NEITHER** affiliated with Austin17House **NOR** family members. Please let your references know to expect a call.

Name: _____ Phone: _____

Relationship: _____
NEITHER affiliated with Austin17House NOR a family member.

Name: _____ Phone: _____

Relationship: _____
NEITHER affiliated with Austin17House NOR a family member.

Name: _____ Phone: _____

Relationship: _____
NEITHER affiliated with Austin17House NOR a family member.

Statement of Understanding: I certify that all information is true and has been given voluntarily. I understand this information may be disclosed to any party, with Legal and proper interest. I release the agency from any liability whatsoever for supplying such information. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which I applied.

Signature _____ Date _____