



Volunteer Application Program

Personal Information

First Name: _____ MI: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date of Birth (mm/dd/yyyy): _____

Employer or School Information

Employer Name or School: _____

Title or Grade Level: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Type of business or organization: _____

Preferred method of contact: Work/School Residence

Education/Training/Certificates



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Optional – Have you received any awards or honors that you’d like to mention?

Skills, experience and interests (Please check all that apply)

- Finance, accounting
- Personnel, human resources
- Administration, management
- Nonprofit experience
- Community service
- Policy development
- Program evaluation
- Public relations, communications

- Education, instruction
- Special events
- Grant writing
- Fundraising
- Outreach, advocacy
- Other _____
- Other _____
- Other _____

Please tell us anything else you’d like to share.

I have answered the questions to the best of my ability.

Parent or guardian if the applicant is under 18 years of age

Signature

Signature

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Thank you for applying!

Please return this application to:
 A.R.K. Food and Family Services, Inc.
 Chair/Executive Director
volunteer@arkffs.org