4 Charity Help
Financial, Logistical and Technical Support

Volunteer Application

5944 Coral Ridge Dr. Coral Springs, FL, 33076
855-434-3573
www.4charityhelp.org

Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Languages Spoken: _____

Special Skills (Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel would be to us in considering you)

_____

_____

_____

Do you have access to reliable transportation? Yes ☐ No ☐

Is this your first time applying to be a volunteer at 4 Charity Help? Yes ☐ No ☐

Describe any previous volunteer experience:

_____

_____

_____

When are you able to volunteer?

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From: To:							
From: To:							
From: To:							

How often per month? _____

Have you ever been convicted of a crime other than minor traffic violations? Yes ☐ No ☐
If yes, please explain: _____

Signature of applicant _____ Signature of parent/guardian _____