



S.A.H.A.
Sedona Area Homeless Alliance
Sheltered in the Arms of Community

Volunteer Application

Name _____ Nick Name _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

Email Address _____

Phone _____ Cell Phone _____

AVAILABILITY

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

PHYSICAL HEALTH

Excellent

Good

Fair

Poor

Please explain _____

Years of School completed _____

Occupation _____

Do you have your own transportation?

Yes

No

Have you Volunteered before? No Yes Where _____

Why do you want to Volunteer? (Please know there is no right or wrong answer) _____

Are you certified in:

CPR First Aid Food Handler
Mental Health first aid Veterans Assistance

Do you have any criminal convictions (other than parking fines and juvenile offenses)?

No Yes (please describe) _____

Do you belong to any Clubs or Organizations? No Yes _____

WHAT AREAS ARE YOU INTERESTED IN VOLUNTEERING?

Administration

FundRaising

Volunteer Coordination

Field Work

Events

Social Media/ Newsletter

Item Donations Coordinator

Special skill qualifications _____

REFERENCES (PLEASE EXCLUDE RELATIVES)

1. _____
NAME OCCUPATION WORK PHONE HOME PHONE

2. _____
NAME OCCUPATION WORK PHONE HOME PHONE

EMERGENCY CONTACT

Name _____

Address _____

Phone _____ **Relationship** _____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, or disability.

Thank you for completing this application and for your interest in volunteering with us. The work we accomplish would not be possible without the dedication of our community volunteers.

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.

Signature: _____ **Date:** _____

OFFICE ONLY

Tem Sup _____ Per Sup _____

Other _____