



## VOLUNTEER APPLICATION

### Contact Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_

### Volunteer Interests

Please select which volunteer position you are interested in:

- Forever Friend (establishing a friendship with a lonely person and visiting on a regular basis in your area)  
 Smile Station Ambassador (establishing a community of Forever Friends in your area)  
 Smile Station Coordinator (acting as a liaison between your community of Forever Friends and TAFA)  
 Administration Assistance (working directly with those behind the scenes to help end loneliness)  
 Events and Fundraising (planning and running events to raise awareness or funds to end loneliness)  
 Newsletter Production (writing for the quarterly publication of The Compassion Chronickles)

### Hobbies and Skills

Please indicate any hobbies, interests, or skills you have:

### Emergency Contact

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

### Criminal History

Have you ever been convicted of a crime?

Yes  No

If yes, please explain:

### Equal Opportunity Policy

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

### Creative Works Policy

Any works, including but not limited to photographs, videos, artwork, articles, and fliers, submitted to TAFA will be property of this organization to use as it sees fit.

### Agreement and Signature (Signed by parent/guardian for volunteers under 18)

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. I also understand that any information learned of consumers or the organization is strictly confidential and should remain confidential even if I am no longer affiliated with TAFA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_