



Volunteer Application

Date _____

Name	_____		
Address	_____		
City:	_____		
Phone: day	_____	evening	_____
e-mail	_____		
emergency contact	_____		_____
	Name/Relationship		phone #

How would you like to help?

I would like to donate my professional services. (Please list field of profession.)

Special Training/Skills (computers, languages, public relations, event coordinator)

What times are you able to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Weekly Monthly By project

Do you have any health considerations we should be aware of for best placement?

Would you like to add any comments to help us to find the best placement for you?

*You may mail this application or fax it to 763-450-3899, attention Volunteer Coordinator.
Thank you for volunteering with EFN!*