



## VOLUNTEER APPLICATION

(Please Print)

Name		<i>For Office Use Only</i>					
Street		Apt. No.					
City/State/Zip		Sent _____					
Home Phone (    ) _____		Work Phone (    ) _____					
May we leave a message? Yes    No		May we identify our organization? Yes    No					
When is the best time to call you?		When is the best time to call you?					
Fax Number (    ) _____		Interview Date: _____ By : _____					
E-mail		Age	Birth Date				
May we email information to you?    Yes    No		Team (s) Assigned To: _____					
Gender	Male    Female    Other						
Race/Ethnicity (Optional)	African-American Asian	Hispanic/Latino Other	Caucasian				
Spouse/Significant Other							
Who are you employed by?							
Occupation	Hours Worked Per Week	At Your Job	Retired?    Yes    No				
Are you currently enrolled in school?	Yes    No	Education/Grade level completed					
Have you ever done any type of volunteer work?    Yes    No If yes, where?							
What do you hope to gain from your volunteer work with SMEFUNDS?							
<b>What Times Are You Available to Volunteer?</b> (Check Below)							
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thru</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
Error!							
<b>Afternoon</b>							
<b>Evening</b>							
<b>How many hours per month would you be able to commit to volunteering? (please check one)</b>							
2 to 4 hrs.		4 to 6 hrs.		6 to 8 hrs.		10 plus hrs.	
looking for a one time volunteer opportunity							

**SMEFUNDS**

**Do you speak a language other than English? Yes No**

**If yes, which language(s) do you speak?** \_\_\_\_\_

**In case of an emergency, whom should we contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**The information given above is complete and correct to the best of my knowledge. I understand that I am applying for a volunteer position with SMEFUNDS and/or its collaborative partners. I understand that all the information concerning clients, staff and volunteers of SMEFUNDS and/or its collaborative partners is confidential.**

\_\_\_\_\_

\_\_\_\_\_

*Signed*

*Date*

If you are interested in serving as a volunteer of SMEFUNDS and/or its collaborative partners, please complete this application and return it by email to: [info@smefunds.com](mailto:info@smefunds.com)

# Volunteer Opportunities

**Check with us all available opportunities that may exist.**

**FA:** Field Ambassadors

**IC:** Internet Marketing Consultants

**CP:** Corporate Partnership

**SO:** Street Outreach

**FP:** Field Photographers

**CA:** Clerical Assistance

**TS:** Training Specialists

**FR:** Fund Raiser

**MP:** Media Liaison Partnerships