

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL: _____ EMAIL: _____

PREFERRED METHOD OF CONTACT: _____

EMERGENCY CONTACT: _____

A. SKILLS AND INTERESTS:

Educational background: _____

Current or previous occupation: _____

Hobbies, skills, and interests: _____

What do you LOVE to do? _____

Previous volunteer experience: _____

B. VOLUNTEER PREFERENCES:

Do you prefer to work alone or with a group: Alone: _____ Group _____

AVAILABILITY:

Flexible _____ Prefer weekends _____ Prefer weekdays _____

Prefer evenings _____ Other _____

Are you willing to do some volunteer work in your home? _____

Do you have a geographical preference? Please indicate. DC - MD - VA – Wherever needed.

C. VOLUNTEER OPPORTUNITIES:

Please check off each category that interests you, then number the activities in order of interest with "1" as first choice, "2" as second choice, etc.

Administrative / Office Support: _____

Bookkeeping _____ Computer help _____ Data entry _____
 Foundation/Grant research _____ General office work _____
 Newsletter Editor _____ Read chapter newsletters for items of interest _____
 Other _____

Advocacy and Outreach: _____

Attend Lobby Days/Rallies _____ Advocacy Coordinators: MD, DC & VA _____
 Design brochures, flyers, etc. _____
 Internet / Email Advocacy Coordinators _____ Legislative
 Coordinators _____
 Outreach to Communities of Color _____
 Outreach to Community and Service organizations _____
 Outreach to Government organizations / Businesses / Employee groups _____
 Outreach to religious /spiritual congregations _____
 Plan & implement outreach activities _____
 Promote local business membership _____
 Speak at Public Hearings _____ Staff Phone tree _____
 Staff tables at Fairs/Booths _____ Write Email Alerts _____
 Writers for articles, editorials, personal testimony, etc. _____
 Other _____

Education: _____

Book Drives _____ Graphic design _____
 Outreach to school systems _____ Review/Update Book list/Materials _____
 Speakers' Bureau _____ Safe Schools Project** _____
 Web editor _____ Other _____

Special Events/Fundraising: _____

Annual Gala** _____ PFLAG Merchandise _____ Photographer _____
 Planning Committee _____ Spring Chamber Concert** _____ Other _____

Support Groups and Helpline: _____

Group Coordinator _____ Group Facilitator _____ Helpline Staff _____ Other _____

**** Many of these activities offer a wide variety of volunteer opportunities – please ask the Volunteer Coordinator for more information.**

Additionally, we may have projects that require a limited time commitment, such as mailings, shopping for goods, etc. Would you be interested in helping us complete these tasks? _____

D. CONFIDENTIALITY AGREEMENT

As a volunteer for Metro DC PFLAG, I realize that I will receive no remuneration for services rendered. Additionally, I understand that in the course of my volunteer work with the chapter I may learn information about staff, members, and volunteers that are of a confidential nature. Examples of such information include:

- Financial information
- Employment
- Health and/or Medical condition/treatment
- Living arrangements
- Sexual orientation and/or Gender identity
- Association or membership in PFLAG

I appreciate that all information must be considered confidential and handled with sensitivity. I agree not to discuss any personal or confidential information with persons not affiliated with PFLAG, or authorized by PFLAG to have access to such information, unless I am given the specific consent of the individual or organization.

I understand that the Metro DC PFLAG Chapter places utmost importance on confidentiality, and I agree to abide by this agreement.

Date: _____

Signed: _____