VOLUNTEER APPLICATION

CONTACT INFORMATION

Last Name:	First:	
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Mobile Phone:	
Email Address:		
In Case of Emergency Contact:		
Emergency Contact Number:		

AVAILABILITY

Please indicate the number of hours per week/month you are available to volunteer:

AREAS OF INTEREST

Operations Support	Committees
☐ Office: Phone Support, Filing, etc. ☐ Newsletter Production/Blog ☐ Grant Writing ☐ Website Development ☐ Social Media	☐ Development ☐ Special Events ☐ Advocacy ☐ Outreach/Education ☐ Communications

QUESTIONS

1. Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports:

QUESTIONS CONTINUED
2. Please summarize your previous volunteer experience(s):
3. Please list your expectations, ideas and/or hopes for your volunteer experience at The Alliance:
4. Please list any limitations that may interfere with your ability to volunteer (time, location, etc.):

REFERENCES		
Name:	Title:	Contact:
Name:	Title:	Contact:

SIGNATURE
By submitting this application, I affirm that the facts set forth are true and complete. I understand that false or misleading information given in my application or interview(s) may result in dismissal as a volunteer. I understand, also, that I am required to abide by all rules and regulations of The Alliance for Eating Disorders.
Name (Signature):
Date:

Thank you for filling out this application. It is the policy of The Alliance for Eating Disorders Awareness to provide equal opportunities without regard to race, ethnicity, religion, national origin, gender, sexual identity, age, or ability.

Please submit via email with “Volunteer Application” in the subject line to Sharon Glynn at sglynn@allianceforeatingdisorders.com along with your resume.

The Alliance for Eating Disorders Awareness
1649 Forum Place, Suite 2
West Palm Beach, FL 33401
866.662.1235 * 561.841.0900 * FAX 561.653.0043
www.allianceforeatingdisorders.com