



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:							
Please list your general availability							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

AREAS OF INTEREST	
Operations Support	Communications/Social Media Support
<input type="checkbox"/> Office: Phone Support, Filing, etc. <input type="checkbox"/> Grant Writing <input type="checkbox"/> Advocacy <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<input type="checkbox"/> Newsletter <input type="checkbox"/> Social Media <input type="checkbox"/> Blog <input type="checkbox"/> Website Development <input type="checkbox"/> Other:

QUESTIONS

1. How did you hear about The Alliance? Why would you like to volunteer at The Alliance?

2. Please summarize your previous volunteer experience(s): Please include more detail here than is present on your resume:

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

4. Please summarize your computer proficiency skills, including experience with Microsoft programs:

5. Please summarize your communication skills, both verbal and written:

6. How comfortable are you speaking professionally over the phone?:

7. How comfortable do you feel working with a population of individuals with severe and persistent mental illness?

8. Please discuss your expectations, ideas and/or hopes for your experience at The Alliance. What areas, both personally and professionally, would you like to further develop during your experience here?

9. (Optional) Please share anything else that you believe would be helpful for us to know about you.

REFERENCES

Name:	Title/Company:	Contact:
Name:	Title/Company:	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 Jamie Steffens jsteffens@allianceforeatingdisorders.com along with your resume.

The Alliance for Eating Disorders Awareness
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www.allianceforeatingdisorders.com