



**OVIE BRUME
FOUNDATION**

VOLUNTEER APPLICATION FORM

Our organization encourages the participation of volunteers who supports and identifies with our vision and mission. We encourage you to complete this application form; the information contained herein, will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

How did you hear about the Ovie Brume Foundation?

Internet Social media Handbill Friends Referral

Summarize any special talents or skills you have acquired from employment, previous volunteering experience or other activities.

Do you have any previous volunteering experience? Summarize previous experience if any

Interests: Please tell us in which areas you are interested in volunteering

- ___ Administration
- ___ Events
- ___ Programs
- ___ Fundraising
- ___ Special Projects
- ___ Communication and Advocacy
- ___ Literacy and Numeracy

Please indicate days available: Monday Tuesday Wednesday Thursday Fridays

Times available: From _____ to _____



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Any physical limitations? _____

In case of emergency contact:

Name: _____

Relationship: _____

Phone Number: _____

E-mail: _____

As a volunteer of the Ovie Brume Foundation, I agree to abide by the policies and procedures. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Date: _____