

# Valley Center Chamber Volunteer Application



## Contact Information

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Phone Number     |  |
| E-Mail Address   |  |

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering, may select more than one

- Administration: Office tasks as needed  
 Events: City Wide Garage Sale, Chamber Golf Tournament, Fall Festival, Trick-or-Treat Street, Hometown Holidays, Membership Renewals, Monthly Membership Meeting  
 Runner: Delivery & pick up from Chamber Members and Sponsors for Events  
 Event Committee Coordinator

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Notate if you will need signed documentation of hours for Community Service or other obligations.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |
| T-Shirt Size:  |  |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with the Valley Center Chamber of Commerce!

## Approval

|  |  |
|--|--|
| Executive Director or<br>Committee Coordinator |  |
| Signature                                      |  |
| Date   |  |