

Volunteer Application for

Marion County Children's Alliance

Our Policy: It is the policy of the Marion County Children Alliance to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference age or disability.

Fill out and fax this form to (352) 438-5994.

Contact Information:

Name _____

Street Address _____

City, State, Zip Code _____

Home Phone _____

Work Phone _____

E-mail Address _____

Availability:

Monday

Tuesday

Wednesday

Thursday

Friday

Hours:

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

Areas of Interest:

Clerical

Special events

Tutoring

Fundraising

Donations

Mentoring

Newsletter production

Workgroups:

Medical/Dental - works to improve the physical health of the children of Marion County, recruits dentists to provide pro bono care to needy children and seeks funding opportunities to assist needy families in purchasing medical equipment for children with chronic medical issues.

Childhood Nutrition - works to promote healthy habits of physical exercise and proper nutrition within the school system and the community at-large using an aggressive public relations campaign.

Safe Kids Coalition - works to reduce the number of preventable accidents such as parental suffocation of babies, drowning and car seat safety in children 14-years of age and younger.

___ Family Violence Prevention - works to reduce family violence in Marion County using proven strategies as well as new and creative approaches.

Special Skills or Qualifications:

(Summarize skills or qualifications you have acquired from previous volunteer work, activities or job experience).

Volunteer Experience:

(Summarize previous experience)

In Case of Emergency, Notify:

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

E-mail address _____

Agreement and Signature

By submitting this application, I acknowledge that the information is true and factual. If I am approved as a volunteer, I understand any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

Thank you for completing this application form and for your interest in volunteering with us.

Name (printed) _____

Signature _____

Date _____