

The LOFT VOLUNTEER APPLICATION

Applicant has the option to refrain from answering questions they are not comfortable with. Information obtained in this application will be kept completely confidential.



FIRST NAME: _____

LAST NAME: _____ GENDER PRONOUN (she, he, they, etc) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

AGE: _____ DATE OF BIRTH: _____ ALL VOLUNTEERS MUST BE AT LEAST 18 YEARS OLD.

IN CASE OF EMERGENCY PLEASE CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

How did you hear about The LOFT? _____

Why do you want to volunteer at The LOFT? _____

EDUCATIONAL BACKGROUND: Please list schools attended. Indicate completed degree(s). **No one will be contacted without your prior consent.**

WORK/VOLUNTEER EXPERIENCE: Please list your current occupation and any prior work or volunteer experience. **No one will be contacted without your prior consent.**

LANGUAGES SPOKEN FLUENTLY: Please circle all that apply

- Spanish _____ Italian _____
- French _____ Sign Language _____
- German _____ Other _____

REFERENCES

Applicants are asked to provide the names and contact information of three references. References may be provided by anyone who can vouch for the applicant's character other than a friend or family member. **No one will be contacted without your prior consent.**

NAME	RELATIONSHIP	TELEPHONE	ADDRESS OR EMAIL

AVAILABILITY: The LOFT strives to have a well structured volunteer schedule. We'd greatly appreciate a set schedule you would like to work. Our normal business hours are 10AM-8PM; however, evening meetings usually run to 9 or 9:30.

- Monday from _____ to _____ _____ As needed for special volunteer jobs
- Tuesday from _____ to _____ _____
- Wednesday from _____ to _____ _____ I can help at special events
- Thursday from _____ to _____ _____
- Friday from _____ to _____ _____
- Saturday from _____ to _____ _____ Other _____

INTERESTS

Please indicate the volunteer position that interests you. A brief description of each position will be discussed during the interview process..
(Check all that apply)

- Memorial Thrift Shop Volunteer
- LOFT Library Associate
- LOFT Peer Support Group Facilitator
- LGBTQ Advocate
- LOFT Membership Committee Volunteer
- Programs and Services Assistant
- IT and Webmaster
- LOFT Pride Guide Sales Representative
- Special Events

Please indicate the groups you would like to work with:

- Gay/Male
- Lesbian
- Kids
- Bisexual
- Seniors
- Transgender
- Other _____

If there are any groups you would not like to work with please list them below:

SELF-ASSESSMENT

Please complete this following technology self-assessment by indicating your level of experience. If you have other skills please list them under *other*.

Skill	I have a lot of experience	I have some experience	I have no experience
Email			
Word			
Excel			
Access			
PowerPoint			
Photoshop			
Mailings			
Web/HTML			
Copy Editing			
Photocopying			
Outreach via telephone calls			
Other			

VOLUNTEER AGREEMENT

Please read this agreement carefully. We will provide you with the necessary training and assistance needed to meet the responsibilities of your volunteer position. We are committed to making your volunteer experience productive and rewarding.

I hereby agree to serve as a volunteer for The LOFT and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to The LOFT's policy and procedures, including record-keeping requirements and confidentiality of agency and client information: Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, LOFT members, or other persons. Failure to maintain confidentiality may result in termination of the volunteer's relationship with The LOFT or other corrective action at the discretion of The LOFT Executive Director and staff.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.
4. Adhere to The LOFT's opening and closing policy and procedure

AGREED TO:

Volunteer Applicant: _____ Date: _____

LOFT Organization Representative: _____ Date: _____