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| --- | --- |
| Volunteer ApplicationThank you for your interest in volunteering with**DJ RockaBell**, The Children’s DJ (Child Advocate). |  |

## Contact Information

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

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Weekday afternoons | Weekend afternoons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Weekday evenings | Weekend evenings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Administration \_\_\_ Prize/Gift Bag Distributor |
| Events Planning \_\_\_Photographers  |
| Game Attendants \_\_\_Ticket Sells |
| Fundraising Mentors/Guest Speakers\_\_\_ Camp Counselor \_\_\_ Music Coordinator  |
| Registration Officer \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
|  |

## 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.

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|  |

## 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.

### \*If under the age of 18, must get parental permission. Please fill out permission slip below.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

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

|  |
| --- |
|  |
| I volunteer or I give permission for my Child, NAME:  |  |  To volunteer |  |  |
| With DJ RockaBell at  |  | on | Date: |  |
| from |  | to |  |  |
| In case of such an emergency, please contact: |
| Name |  | Phone |  |  |
| Parent/Guardian Signature |  | Date |  |  |
|  |

