

Application: Volunteer

CONTACT INFORMATION

Name:

Date of Application:

Street Address:

City:

State:

Zip:

Phone number:

Email address:

Can you speak a language other than English? If yes, what language and how would you rate your fluency?

Emergency Contact:

Name:

Phone Number:

Notification and Agreement (please read before signing)

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of volunteer opportunities, or dismissal from volunteer work regardless of when or how discovered.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied to this application by me.

Applicant Signature:

Date:

Please email completed form to dbrennan@seamaac.org