VOLUNTEER APPLICATION		
APPLICANT INFORMATION		
Name:		
Address:		
City:		
State / Province / Region / Country:		
Postal / Zip Code:		
Email:	Phone:	
INFORMATION (LIST ON	NLY THOSE THAT APPLY)	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:		
During which hours are you available for volunteer assignments?		
Weekday mornings		
Weekday afternoons Weekend afternoons		
Weekday evenings Weekend evening		
Previous Experience with SENG:		

VOLUNTEER APPLICATION Tell us in which areas you are interested in volunteering: ___ Administration ____ Events ____ Advocacy ____ Education Liaisons Marketing & Public Relations ___ Marketing & Public Relations ___ Other (please explain): Why I want to be a SENG Volunteer: PERSON TO NOTIFY IN CASE OF EMERGENCY Name **Street Address** City ST ZIP Code **Home Phone** Work Phone E-Mail Address

VOLUNTEER APPLICATION		
Comments:		
DEDCOMAL DEFENSAGE		
PERSONAL REFERENCE		
Name Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
2 Man / Idai ess	PERSONAL REFERENCE	
Name	. 21100703 12 1121 21121 102	
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. I also understand and agree		
that this position is strictly a volunteer position and that no employer / employee relationship is		
formed or contemplated and that no compensation will be provided for the services rendered by me		
as a volunteer. Additionally, I agree to be bound by the terms of this Release and Hold Harmless		
Agreement attached hereto.		
Signature of applicant:		Date:
Approved by		Data
Approved by:		Date: