



457 Nathan Dean Blvd. Dallas GA. 30132

VOLUNTEER APPLICATION

Complete all of the questions that apply and after we review your application, an associate will contact you. We appreciate your interest in helping and your request to volunteer

First Name _____ Last Name _____

Street _____ City _____

State _____ Zip Code _____

Telephone _____ Email _____

In Case Of Emergency Call _____

Type of Volunteering applying for _____

Previous Volunteering (explain in detail) _____

Other Agencies you volunteered with _____

Have you had any emergency training _____ What type _____

Can you swim _____ How much weight can you carry _____ Do you have a Drivers License _____

Do you have a car _____ What type _____ Will it be available _____

Do you have any experience with? Seniors _____ Handicapped _____ Convalescent _____

Terminally Ill _____ Children _____ What ages _____

Do you have any physical restrictions _____

If you answered yes please explain in detail _____

When can you start _____ How long can you volunteer _____

What days and hours will you be available _____

Thank You for your help.

Vending Outreach Inc.
P.O. Box 636
Dallas, GA 30132
678-264-8484
help@vendingoutreach.org
www.vendingoutreach.org

Office use only: Date _____ Associate Name _____

Approved: _____ Restrictions _____