



Madisonville Education and Assistance Center
Volunteer Application - 2017

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (Month/Day) \_\_\_\_\_ Gender (check one): \_\_\_\_ F \_\_\_\_ M

How do you prefer we contact you? (check one) \_\_\_\_ Phone \_\_\_\_ Email \_\_\_\_ Text

Disability (check one) \_\_\_\_ No \_\_\_\_ Yes (if yes, please specify) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about MEAC? \_\_\_\_\_

Where do you wish to volunteer at MEAC? (list interest by priority)

\_\_\_\_\_ Marketplace (Shopping/Kitchen) \_\_\_\_\_ Stocking

\_\_\_\_\_ Food/Donation Pick-up \_\_\_\_\_ Literacy Program (children ages 3-10)

\_\_\_\_\_ Office Assistance \_\_\_\_\_ Special Events

Availability (specify desired days and times):

\_\_\_\_\_

Special Skills/Interests: \_\_\_\_\_

Do you have any experience working with low-income or homeless people?
(check one) \_\_\_\_ Yes \_\_\_\_ No

Other Volunteer Experience (when/for how long?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct and accurate.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_