# hawk_shield_combo6[1]Platinum Minds Volunteer Information

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| --- | --- | --- |
| Contact Information | | |
|  | | |
| Name |  | |
| Street Address |  | |
| City ST ZIP Code |  | |
| Home Phone |  | |
| Work Phone |  | |
| E-Mail Address |  | |
| Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you have proof of a recent background check, you do not need to provide your date of birth. Please include with application or call our officefor additional instructions.List the volunteer committee or activity you wish to participate: | | | |
| Availability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | |
| During which hours are you available for this assignments? | | | |
|  | | | |
| Weekday mornings | | Weekend mornings | |
| Weekday afternoons | | Weekend afternoons | |
| Weekday evenings | | Weekend evenings Total hours per Month \_\_\_\_\_\_\_ | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | | | Additional information | | |  | | | Company |  | | Industry |  | | City |  | | Work Phone |  | | Add anything additional you would like us to know. |  |  Agreement and Signature | |
| By submitting this application, I agree to adhere to time and schedule required by this position. I agree to be responsible and notify Platinum Minds in advance if I cannot perform my obligation so that another volunteer has time to replace me. | |
|  | |
| Name (printed) |  |
| Signature, Date |  |

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| References: Please provide two professional references. |
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