



## OMMANA FOUNDATION

Tel: 480-264-6011, Fax: 480-247-4838  
4434 N. Civic Center Plaza Suite 202,  
Scottsdale, AZ 85251  
E-mail: [interns@ommana.net](mailto:interns@ommana.net)

# Volunteer Application

## Contact Information

Name	
Street Address	
City, ST, ZIP Code, Country	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   | <input type="text"/> Average number of Hours per week |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |   |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |   |

## Interests

Tell us in which areas you are interested in volunteering

- ☐ Administration
- ☐ Social Media & Website
- ☐ Marketing
- ☐ Fundraising
- ☐ Project Development
- ☐ Volunteer coordination
- ☐
- ☐

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

--

**Person to Notify in Case of Emergency**

Name	
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.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.