



## VOLUNTEER & SEASONAL STAFF APPLICATION AGREEMENT

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

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

Cell Phone #: \_\_\_\_\_ Alternate # \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

- Select your available days

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Time you are available: From: \_\_\_\_\_

Time you are available: To: \_\_\_\_\_

If you have any restrictions, please list them here. \_\_\_\_\_

I have read with understanding and commit myself to service to this organization. I agree to be bound by the principles, policies and procedures contained in this handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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