



IDEA: Inclusion, Diversity & Inclusion Alliance

Volunteer Application

Our organization welcomes the participation of volunteers who support our cause. If you agree with our mission, are willing to be trained and be screened, we encourage you to complete this application. This information is strictly for internal use and will be kept confidential. We will only use it to help us find the most satisfying and appropriate volunteer opportunity for you.

Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Where did you learn about IDEA: _____

What experience do you have that would be helpful: _____

When are you available to volunteer: _____

What area are you interesting in volunteering: _____

Any additional comments or information you'd like to share: _____

Signature

Date