

Volunteer Application

Please complete this form to the best of your ability. Do not be concerned with any sections that do not apply to you, just fill out what you can.



Fruit Ridge Community Collaborative
plant a seed : help it grow

Volunteer(s) Information:

Name: _____

Phone: _____ Email: _____

How many people will be volunteering? _____ Will you need proof of hours worked? Yes No

Company Name: _____ Name of Event: _____

Do you have a budget to support the project? Yes No If yes, how much? \$ _____

Where would you like to volunteer?

- On site at Fruit Ridge Community Collaborative
- Off-site project (fundraising, candy drive, preparing materials for events)

Media Release:

Is it okay to take photos of you and/or post them to the FRCC social media pages? Yes No


Project Interests

Is there a specific project that you are interested in doing?

If not, what kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Wherever I'm needed most | <input type="checkbox"/> Event preparation |
| <input type="checkbox"/> Community outreach and advocacy | <input type="checkbox"/> Administrative support and data entry |
| <input type="checkbox"/> Fundraising / Resource Drive (i.e. candy drive) | <input type="checkbox"/> Landscaping / Beautification |
| <input type="checkbox"/> Construction/maintenance | <input type="checkbox"/> Pickup and delivery |
| <input type="checkbox"/> Special events day-of-event | <input type="checkbox"/> Other: _____ |

Do you prefer to work inside or outside? Inside Outside No Preference

More on next page! 

Availability

When are you available to volunteer? (Check all that apply):

Mondays	Tuesdays	Wednesday	Thursdays	Fridays	Saturdays	Sundays
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

Are there specific dates that you are available? If so, please list below.

Skills & Abilities

Do you have access to a vehicle that you would be willing to use while volunteering? Yes No

What are some skills or experience that you would like to contribute?
