



Volunteer Application Form

Volunteer Position Title

Section I

Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Section II

Previous Volunteer Experience:

_____.

Occupation (past occupation if needed): _____

Other information that will help us make a good match (such as education, general interests/hobbies) Please attach another sheet if needed:

_____.

Languages Spoken: _____



Section III

Availability and Volunteer Assignment Preferences

Please check all that are applicable:

- I am available: Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once a Week Other _____
 One Time Only As Needed
- I could service more than one person Yes No

Section IV

Do you have a valid (state) Driver’s License? Yes No

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Is there anything we should know in case of an emergency?

Thank you for taking the time to fill out this application. Please email your completed application form to: info@lisakstephenson-cybersisterhood.com or kombinationkoutureco@gmail.com. Once your application has been received, you will be contacted by a member of our Organization Staff or Kouture Staff. Please note that all volunteer positions require a defined commitment of your time. We look forward to hearing from you and appreciate your generous offer of your time and skills.

For a full list of available positions and job descriptions visit us online at: www.lisakstephenson-cybersisterhood.com/apply