



Paradise Center for Tolerance and Nonviolence

PCTN's mission is to promote respect for differences and human rights, foster alternatives to violence, and advocate for a safe, hospitable, and harmonious community for all.

VOLUNTEER APPLICATION FORM (Please print)

Date _____

Name _____

Address _____ City _____ ZIP _____

Phone _____ Cell _____ Fax _____

E-Mail _____ Preferred method of contact _____

Occupation (Title, Employer) _____

If retired, last position held _____

If you reside in Paradise, year moved here _____ from _____

Hobbies, interests, volunteer activities, group affiliations

Skills and expertise (for example: grant writing, computer, fundraising, crafts, photography/videography, baking, graphics, etc.)

I am interested in participating in the following:

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Flyer Distribution | <input type="checkbox"/> Office/Computer | <i>Committee:</i> |
| <input type="checkbox"/> Events | <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Tech Support | <input type="checkbox"/> Programs & Services |
| <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Sign Painting/Lettering | <input type="checkbox"/> Writing/Research | <input type="checkbox"/> Resource Development |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Business & Financial Mgt |

Best available days & times to volunteer _____

I can volunteer: Daily Weekly Monthly Occasionally for special events

I am under age 18. My Parent or Guardian gives permission for me to volunteer.

Parent Signature, if applicable _____ Relationship _____ Date _____

Other useful information _____
(use back of sheet)