

## **PVEN Volunteer Application**

Last Name	First Name	Mi	ddle Initial		D.O.B
Street Address	City	y		State	Zip code
Home Phone C	ell Phone (Text MSG: Ye	es or No)	Email		Contact Preference
<b>Emergency Contact</b>					
Name	Relationship				Phone Number
Volunteering Preference:	Food Clothing Community Events	Outreach  Maintenance	Clerical /Grounds	Angel Tree Other	Food Drives
Days/Times Available					
Can you lift over 25 pounds	?		Yes		No
Do you have a vehicle that can be used for hauling items? Yes				No	
Able to provide background check and clearances? Yes				No	
Agree to adhere to client confidentiality standards? Yes					No
PVEN does not discriminate color, national origin, sext financial status. Do you as	disability, age, religio		Yes		No
T-Shirt Size (Adult)	Small Med	lium Larg	e X	K-Large	XX-Large
Skills:					
Please list prior/current vo	olunteer experience:				
Why do you want to volui					
Reference: Name			_ Telephone	e	
	ference: Name		Telephone		