



Volunteer Application

Our Organization encourages the participation of volunteers who support our mission. The information on this form will be kept confidential and will help us find the most appropriate volunteer opportunities for you.

Name: _____

Address: _____

Primary Phone: _____

Ethnicity: _____ DOB: _____ Gender: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Any special skills or talents you have that you feel would benefit our organization?

Interests: Please tell us in which areas you are interested in volunteering:

Special Events Committee (Winterfest, Golf Tournaments, etc.)

Fundraising Assistance (share CFC #, gather auction items, start a raffle, etc.)

NVWHC Art Hub Assistance (open/close, share NVWHC mission, accept donations)

Use your talents (grant writing, marketing, etc.)

Construction/Landscaping Assistance (projects will start soon)

Please indicate days available: Mon Tues Wed Thurs Fri Sat Sun

Times available: From _____ To _____ Other _____

Any physical limitations? Y or N

Do you have reliable transportation? Y or N

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all work is on a voluntary basis. Return application to Director@veteranswellnessandhealing.org or mail to NVWHC P.O. Box 805, Angel Fire, Nm 87710

Signature: _____ Date: _____

Parent Signature if under 18: _____ Date: _____

For office use only: Approved by: _____ Date: _____