



CARIBBEAN ASSOCIATION OF GEORGIA

Volunteer Application

Contact Information

NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
CELL PHONE	
HOME PHONE	
WORK PHONE	
E-MAIL ADDRESS	
EMAIL ADDRESS	

Availability

Which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Check the areas you are interested in volunteering

- Atlanta Caribbean Spring Fest
 South Metro Caribbean Festival
 Golf Cart Contest
 Feed the homeless
 Feed the soldiers
 Soft toys donation
 Workshops
 Seminars
 Promotion
 Marketing
 Recruitment
 Fundraising
 Website
 Graphics
 Deliveries
 Phone bank
 Newsletter production
 Volunteer coordination
 Other _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with CAG.