

VOLUNTEER INTEREST FORM

Assistance League® of Phoenix

improves lives of children through philanthropic programs that fulfill basic needs, foster self-esteem and enhance quality of life.



First & Last Name: _____

Email: _____ Phone: _____

Mailing Address: _____

City, ST & Zip: _____

How did you learn of Assistance League of Phoenix? _____

I am interested in:

- Community Volunteer
- Internship _____
- Pro Bono
- Membership

Motivation for volunteering: (check all that apply)

- Gain skills or experience
- To contribute my skills, talents and/or experience
- Personal fulfillment
- To meet required volunteer hours
- Other _____

Tell us which areas you are interested in giving your time

- Administrative
- Fundraising/Events
- Marketing/PR
- Operation School Bell®
- Warehouse Assistance
- Sorting Donations
- Sales Floor at Thrift Boutique
- Other _____

When are you available to volunteer?

- Weekday mornings
- Weekday afternoons
- Saturdays
- As Needed
- After-Hours/Remotely

Summarize your skills, hobbies or qualifications.

Are you a student? No Yes School _____

Are you employed? No Yes Employer _____

Does your employer have a Volunteer Matching program? No Yes Not Sure

Do you have previous volunteer experience? No Yes

If so, where and what did you do?

Have you ever been convicted of, plead guilty or no contest to any crime in the past 7 years? No Yes

If yes, please explain (Year, City, Offense and Circumstance)

Please list an Emergency Contact

First & Last Name _____ Phone: _____

Please list two References

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

If there is anything else you'd like to share, please do so below.

By submitting this Interest Form, I affirm that the facts set forth are true and complete. I understand that if I become a volunteer with Assistance League® of Phoenix I will be representing the organization and will represent ALP in a positive manner.

Signature: _____ **Date:** _____

Return this completed form by email to volunteer@alphx.org

Turn your compassion into action