



**ONE**place

**ONE PLACE OF THE SHOALS, INC.**  
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## **VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to keep your current employer abreast of your volunteer service?  Y  N

Skills and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_

What days and times are you available?  
\_\_\_\_\_

References:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

\_\_\_\_\_  
Signature:

Signature is confirmation that you are at least 18 years of age.