



VOLUNTEER INTEREST FORM

First & Last Name: _____

Email: _____ **Phone:** _____

Mailing Address: _____

City, ST & Zip: _____

How did you learn of The New Foundation?

What is the reason for your volunteer interest? (check all that apply)

- Service Learning
- Gain skills or experience
- Personal fulfillment
- I have a connection to TNF's cause
- To contribute my skills, talents and/or experience
- Other: _____

What do you hope to achieve through your volunteer experience with The New Foundation?

Tell Us Which Areas you are interested in volunteering:

- Administrative
- Building/Maintenance
- Events
- Fundraising
- Lead a class or workshop
- Marketing/PR
- Other _____

What type of volunteer commitment do you want make

- One-time experience
- Short-term (List of the # of Hours _____)
- As Needed

What is your availability for volunteering?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- As needed

Summarize any skills, hobbies, talents or qualifications you have:

Are you a student? No Yes Name of 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, tell us where and describe your role(s)

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 (city, date, offense and circumstance)

Some volunteer positions require a State of Arizona Class 1 Fingerprint Clearance Card. Do you have currently have one? No Yes If Yes, please include your card # _____

If No, would there be an issue with you obtaining one? No Yes

Please list an Emergency Contact

First & Last Name _____ Relationship: _____

Phone: _____ Email: _____

Please list a Reference

Name: _____ Relationship: _____

Phone: _____ Email: _____

By submitting this Interest Form, I affirm the that facts set forth are true and complete. I understand that if I become a volunteer with The New Foundation I will be representing the organization on and off-site and will do everything to represent The New Foundation in a positive manner.

Signature: _____ **Date:** _____

Please return this form by email to Michelle Peralta at development@thenewfoundation.org or by postal mail to:
1200 N. 77th Street Scottsdale, AZ 85257. For questions, please call (480) 945-3302 Ext 121