No Name Charity

5600 North Broadway

Cleveland, Ohio 57402

543-248-9106

Please fill out this form and return to No Name Charity to receive consideration for a volunteer position. You may mail this form to our mailing address, attach it to an email to our volunteer coordinator at [BRoss@gmail.com](mailto:BRoss@gmail.com), or drop it by our office.

No Name Charity is a 501(c)(3) organization working in the Great Cleveland area to provide activities and services for older citizens to maintain their mental and physical health and stay in their own homes. We invite volunteers over the age of 21 and of any race or creed to engage with our clients at our site, online, and by providing various services.

After we receive your application, we will contact you and arrange for an interview in person or by phone with our volunteer coordinator. All information on this form will be kept confidential and will help us find the perfect volunteer project for you. Please be advised that, since we work with a vulnerable population, we require a criminal background check. We will advise how this may be done in the most efficient way.

Volunteer Application Form

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate position?**

**Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.**

Office help (routine office tasks on a specific day of the week).

Events (fundraising events, client get togethers, celebratory events).

Fundraising (may involve telephone calls, writing thank you notes, or grant writing).

Communications (writing copy for publications and fundraising messages. Social media experience appreciated).

Phone Buddies (talking with specific individuals by phone regularly).

Dog Walking (taking a client’s dog on a walk on a regular schedule).

Transportation (Car required. Taking clients to doctor’s appointments, shopping, or to a religious service).

Teaching (nutrition, how to use a computer, how to use social media, how to use Zoom, Facetime, and other communication apps).

What days are you usually available? Mon: Tues: Wed: Thurs: Fri: Sat:

How many hours are you available per week? Do you prefer Morning? Afternoon?

Please describe any physical limitations:

Emergency contact:

Name: Phone: Relationship:

Please provide the names and contact information of two character references:

Name:

Telephone:

Relationship:

Name:

Telephone:

Relationship:

**Liability Release:**

*As a volunteer of No Name Charity I agree to abide by all policies and procedures as spelled out in the volunteer handbook. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward*.

Signature: Date: