



VOLUNTEER APPLICATION

Western Alliance encourages the participation of volunteers who support our mission. If you agree with our mission, are willing to be interviewed, and trained in our procedures, we encourage you to complete this application. The information contained on this form will be kept confidential and will help us find the most satisfying and appropriate opportunity for you. Thank you for your interest in our organization.

Name: _____
Address: _____
Phone: _____ Email: _____

Any special talents or skills you have that you feel would benefit our organization?

Please tell us in which areas you are interested in volunteering:

EMR _____ EMT _____ Paramedic _____ Transport Driver _____ Office _____
Cleaning _____ Social / Fundraising _____ Lawn Care / Landscaping _____
Maintenance _____ Other _____

Please indicate days and times available: _____

Any physical limitations? _____

In case of emergency, contact: _____

As a volunteer of this organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and that I am not eligible to receive any monetary payment or reward. I consent to a back ground check to include, but not limited to: criminal history, child abuse history, and driving record.

Signature: _____ Date: _____