

Black Mountain Neuro-Medical Treatment Center

932 Old US Hwy 70, Black Mtn., NC 28711

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings Specify Days of the week available
 Weekday afternoons Weekend afternoons Sun___ Mon___ Tues___ Wed___
 Weekday evenings Weekend evenings Thrs___ Fri___ Sat___

Interests

Tell us in which areas you are interested in volunteering

- Music Program
- Special Events
- Sunday Afternoon Worship
- Life Quality Events
- Tuesday Bluegrass Event
- Equestrian - Spring/Fall
- Art Program
- Pet Therapy Program

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other events, including hobbies or sports.

Personal Reference- Name/Address/Phone:

Business/Community Reference- Name/Address/Phone:

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Minimum age is 14 years. All volunteers Under 18 years must have parent/legal guardian signature _____ Date_____

Thank you for completing this application form and for your interest in volunteering with us.