



Volunteer Application

Date Submitted: _____

Applicant Contact: _____

NVCADP has a wide range of volunteer opportunities, and welcomes a range of commitment levels (from occasional event participation to regular, hourly commitments). Please complete this application to the best of your abilities so that our Board can contact you with a clear sense of your availability and interests!

Name: _____

Mailing Address: _____

Phone Number(s): _____ Email Address: _____

Availability

How much time would you like to offer the Coalition?

- | | |
|--|---|
| <input type="checkbox"/> Occasional Events | <input type="checkbox"/> 1-5 hours/month |
| <input type="checkbox"/> 6-10 hours/month | <input type="checkbox"/> Special Projects |

Volunteer Interests

What types of projects or events would you like to assist us in coordinating?

- Bulk Mailing
- Newsletters and Annual Report Creation/Editing
- Web site maintenance
- Listserve and database maintenance
- Fundraising
- Grant writing/editing
- Event Organization
- Letter writing
- Inmate Outreach
- Community Outreach & Education
- Organizing/Attending Vigils
- Legislative Research/Education
- Media
- Other: _____

Skills and Experience

Please describe any previous volunteer experience, or any special skills you could contribute to NVCADP's success:

Diversity & Representation

Please describe any communities you feel you could effectively educate or include in our work:

Motivation

How did you hear about NVCADP, and what compels you to volunteer for us?