



VOLUNTEER APPLICATION

Name: _____

Street Address: _____

Email Address: _____ Phone: _____

Emergency Contact: Name _____ Phone _____

Do you need volunteer hours for school? Yes No

Have you volunteered before for us? _____ if so, when _____

Your Availability: _____

Public Awareness: Fundraising: Group Volunteering:

Donation Management: Property Maintenance: Board Member:

See attached sheet with description of our Volunteer Roles.

How did you hear about My Sister's Place:

Friend: Volunteer: MSP Website: Special Events: Other:

If you are under the age of 18, Parent/Guardian authorization is required.

Name of Parent/Guardian: _____ (printed)

Signature: _____

Date: _____