



SALEM COUNTY INTER AGENCY COUNCIL  
OF HUMAN SERVICES  
**Volunteer Application**

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency contact name/phone number: \_\_\_\_\_

**AVAILABILITY**

During which hours are you available for volunteer assignments? *Please select all that apply.*

Weekday mornings \_\_\_\_\_

Weekend mornings \_\_\_\_\_

Weekday afternoons \_\_\_\_\_

Weekend afternoons \_\_\_\_\_

Weekday evenings \_\_\_\_\_

Weekend evenings \_\_\_\_\_

**INTERESTS**

Tell us which areas you are interested in volunteering. *Please select all that apply.*

Communication \_\_\_\_\_

Events \_\_\_\_\_

Fundraising \_\_\_\_\_

*As a volunteer of our 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 I am not eligible to receive any monetary payment or reward.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed application to [christinad@salemcountyiacc.org](mailto:christinad@salemcountyiacc.org).