



**EDUCATORS INC. PRIVATE CHRISTIAN SCHOOLS (EIPCS)
VOLUNTEER FORM**

Educators Inc. Private Christian Schools encourages the participation of volunteers who support our mission! If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

VOLUNTEER'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

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

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

___ Administration/Office Assistant

___ Events/Community

___ Program/Education

___ Fundraising/Donations

___ Advertising/Promoting

___ Communication/Human Resources

AVAILABILITY / SCHEDULE

Please indicate days available: Mondays/Tuesdays/Wednesdays/Thursdays/Fridays/Saturdays

Times available: From _____ to _____

Any physical limitations? _____

In case of emergency contact: _____

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: _____