



*PO Box 584 | Chesapeake Beach MD 20732  
443-951-5125*

Website: [www.windowsofstrength.org](http://www.windowsofstrength.org)

Email: [mywish@windowsofstrength.org](mailto:mywish@windowsofstrength.org)

## VOLUNTEER APPLICATION

Thank you for your interest in Windows of Strength, Limited. Without volunteers our program would not be possible. Whatever opportunity you decide to volunteer for, please know you are making a huge difference in the lives of organ transplant recipients and their caregivers. Please print clearly and complete the application in its entirety. Once your application is completed, please return it to the above address by mail or email. Upon receipt, you will be contacted about the volunteer opportunities within Windows of Strength, Limited. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunities for you. It is the policy of Windows of Strength, Limited, to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you.

**Name:**

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**Street Address:**

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**City, State, Zip Code:**

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**Home Phone:**

**Mobile Phone:**

**Work Phone:**

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**Email Address:**

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**Preferred Method of communication:** Please circle: cell home work email

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**Please indicate the days available to volunteer:** Mon Tues Wed Thur Fri Sat Sun

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**Times available:**  Mornings  Afternoons  Evenings or  Specific Time(s)

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**Previous Volunteer Experience: Have you served as a volunteer before? If so, what did you do and for what organization ?**

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**Any special skills/talents you may have that you feel would benefit the organization?**

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**Why are you interested in volunteering for Windows of Strength, Limited?**

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**How did you hear of Windows of Strength, Limited:**

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**What area(s) would you like to volunteer (you may select more than one):**

Office Help  Fundraising  Events  Networking  Public Speaking  Special Projects

**Do you have any criminal convictions (other than parking violations)? Yes  No**

**If yes, describe:**

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**Are you 18 or over?**  Yes  No

**Please list 3 references: (name, address, phone number)**

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**In case of emergency, contact:**

First & Last Name:

Relationship:

Phone Number:

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*As a volunteer of Windows of Strength, Limited, by signing the below you agree to abide by the policies and procedures and understand that you will be volunteering at your own risk and that of the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from ay volunteer work you perform for the organization. You agree that all the work you do is on a volunteer basis and you are not eligible to receive any monetary payment or reward.*

**Signature:**

**Date:**

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*By submitting this application, you affirm that the facts set forth in it are true and complete. You understand that if accepted as a volunteer, any false statements, omissions or other misrepresentations made on this application you may be denied the result to volunteer.*

**Signature:**

**Date:**

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Release for publication (please initial below)

*During the course of volunteering with Windows of Strength, Limited, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny Windows of Strength, Limited permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the Windows of Strength, Limited program. By granting permission below, you herby release and hold harmless Windows of Strength, Limited from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.*

\_\_\_\_\_ **YES**, I give permission to be photographed and/or videotaped for publication

\_\_\_\_\_ **NO**, I deny consent to be photographed and/or videotaped for publication.