

Silver Age Yoga Volunteer Application

Our mission is to provide Silver Age Yoga classes at no cost to underserved seniors throughout the country.



Contact Information

Name: _____

Street Address: _____

City ST ZIP Code: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

Availability

If you want to work in our Home office, which hours are you available?

Weekday mornings Specific days and times: _____

Weekday afternoons Specific days and times: _____

Weekday evenings Specific days and times: _____

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Internet Research | <input type="checkbox"/> Other: please specify below |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Internet Social Networking | |
| <input type="checkbox"/> Email Admin | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Newsletter production | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Internet Marketing | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Internet Positioning | <input type="checkbox"/> Volunteer coordination | |
| <input type="checkbox"/> Teacher Liaison | | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience, if applicable.

Why you want to volunteer

Please tell us briefly why you want to volunteer.

Person to Notify in Case of Emergency (only for SAYCO office work)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.