



Ashland County Community Foundation

...for generations to come

VOLUNTEER ENROLLMENT FORM

300 College Avenue, Ashland, Ohio 44805
Phone: 419-281-4733, Fax: 419-289-5540
Email: accf@accommunityfoundation.org
www.accommunityfoundation.org

Name _____

Address _____

Phone _____

Email _____

Work and/or volunteer experience _____

Special skills/talents (if computer experience, be specific) _____

Physical Limitations _____

Volunteer Interests (please check your choices)

A. Office Support

- Answer phone/Make calls
- Clerical/General office
- Fold brochures
- Mailing preparation
- Screen/Read applications

B. Arts/Writing

- Arts/Crafts
- Graphic design
- Photography
- Writing

C. Physical Dimension

- Building maintenance/Repairs
- Driving/Deliveries
- Greet Guests
- Landscaping
- Physical set-up/Tear-down
- Shopping (specified items for ACCF events)

D. Technology

- Computers/Technology
- Social Media

E. Other _____

Desired Time Commitment Regular Availability _____

On-Call/Periodic As Needed _____

Days/Times Not Available _____

Emergency Contact _____ Relationship _____

Phone _____

Address _____

AUTHORIZATION

I understand that if I use my personal automobile in my volunteer assignment, I verify that I hold a valid driver's license and maintain effective automobile liability insurance equal to the minimum required by the State of Ohio. I further understand that as an ACCF volunteer, I agree to follow the Foundation's rules and confidentiality guidelines.

Signature _____

Date _____

For Office Use Only:

Confidentiality Policy distributed? yes no by _____

Signed by Volunteer? yes no by _____