



Sweet Relief Musicians Fund

Volunteer Form

Name _____ Date _____

Address _____ City _____

State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Previous Volunteer Experience:

Occupation (Past occupation if retired):

Other information that will help us make a good match (such as education, general interests/hobbies):

Languages Spoken:

How did you learn about Sweet Relief?

Volunteer opportunities that interest you (*Please Check All That Apply*):

Data Entry/Research
(Home)

Data Entry/Research
(Office)

Street Team

Events

Blog/Content Writer

Social Media

If other, please describe:



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I Am Available (*Please Check All That Are Applicable*):

- Mornings (Mon-Fri) Afternoon (Mon-Fri) Evenings (Mon-Fri)
- Weekends One Time Only As Needed

Do You Have a Valid (State) Driver's License? Yes No

Do You Have a Vehicle? Yes No

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

Yes, Describe:

Who to Notify in Case of an Emergency?

_____ Relation: _____

Telephone Number: _____

Signature: _____ Date _____

Please fill this form out and email to: Tatiana@SweetRelief.org or info@SweetRelief.org

Thank you so much for your interest in volunteering with Sweet Relief Musicians Fund!

Learn more about us at www.sweetrelief.org