



One Child Our Village Foundation, Inc  
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## VOLUNTEER APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Event you wish to volunteer with:

\_\_\_\_\_

Check number of hour you will be able to volunteer:  1 - 3hrs.  3 - 5hrs.  5 - 10hrs.

Please check your area of interest:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Set-up/Labor          | <input type="checkbox"/> Refreshments/Food     | <input type="checkbox"/> General Assistant    |
| <input type="checkbox"/> Transportation        | <input type="checkbox"/> Entertainment         | <input type="checkbox"/> Hospitality          |
| <input type="checkbox"/> Breakdown             | <input type="checkbox"/> Reception             | <input type="checkbox"/> Vendor Assistance    |
| <input type="checkbox"/> Follow-up Calls       | <input type="checkbox"/> Stage Crew Assistance | <input type="checkbox"/> Administrative Asst. |
| <input type="checkbox"/> Publicity/Advertising | <input type="checkbox"/> Registration          | <input type="checkbox"/> Pickup/Delivery      |
| <input type="checkbox"/> Transportation        | <input type="checkbox"/> Operations            | <input type="checkbox"/> Main (OCOV) Booth    |

What special skills or talent do you have that may be useful to our organization?

\_\_\_\_\_  
\_\_\_\_\_

I understand that I am donating my time as a way of giving back to the community.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Assigned \_\_\_\_\_

Volunteer Coordinator \_\_\_\_\_ Date \_\_\_\_\_