



## Volunteer Application Form

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Thank you for your interest in serving as a volunteer in Equality Jackson. It is a rewarding experience and an opportunity for personal and professional growth. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application.

Please return the completed application to the **Equality Jackson, Attn: Genevia Jensen, PO Box 12164, Jackson, TN 38308-0136** or by email to [equalityjacksontn+app@gmail.com](mailto:equalityjacksontn+app@gmail.com).

This application will be kept confidential and on file and will help us find the most satisfying and appropriate volunteer opportunity for you.

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### MISSION STATEMENT

Equality Jackson is founded on the love of others and exists to provide support and advocacy to the LGBTQ+ community and to provide a safe community or space as well as community outreach.

### VALUES STATEMENT

We lead with integrity, commitment, compassion, and a value for equality.

### VISION STATEMENT

To love and support the LGBTQ+ community.

## CANDIDATE INFORMATION

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising       | <input type="checkbox"/> Training      |
| <input type="checkbox"/> Events         | <input type="checkbox"/> Deliveries/Travel | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Programs       | <input type="checkbox"/> PRIDE Fest        | <input type="checkbox"/> Other: _____  |

\_\_\_\_\_

Please indicate days available:    Mon    Tues    Wed    Thur    Fri    Sat

Times available:    From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

*As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_