



## Intertribal Friendship House Volunteer Application

The Intertribal Friendship House (IFH) relies on the help of volunteers each year. Opportunities range from spending a few hours each week in the office or the garden to helping at community events. If you have any questions please email Carol Wahpepah, Executive Director, at [ifhoakland@gmail.com](mailto:ifhoakland@gmail.com) (Please include resume if possible)

(Please print neatly)

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_

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

DOB: \_\_\_\_\_

What is your availability (weekdays, weekends, nights, summer, etc.)?

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

What are your strengths? In what areas do you have expertise or experience?(i.e., public speaking, mailing, data input, organizing events, marketing, PR, copy editing, etc.)

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

What are you interested in doing at IFH?

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

I certify that the answers contained in this application are true and complete to the best of my knowledge. I also certify that if at any time there is anything in my background that would call into question my ability to conduct myself in a professional, honest, ethnical, non-abusive and sportsman-like manner, I will promptly bring such information to the attention of the section. Permission is granted to investigate my background and to solicit statements or information from any person, to the extent necessary to comply with the law or to procure insurance coverage. All such information will be kept confidential except to the extent otherwise required by law. Without limiting any other remedies that may be available to the Section, I understand that any failure on my part to comply with the terms of this application shall be sufficient cause for cancellation of my service as a volunteer. All volunteers working with children must be fingerprinted and must have TB Test.

(Applicants Signature)

Date