

# Volunteer Application

**Thanks for your interest in volunteer opportunities at Fresh Start Family Services, LLC**

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**Please print**

First Name.....Last Name.....

Address .....City/State/Zip.....

Telephone .....Email .....

Work Phone: .....

**Personal Information (please circle correct response):**

Gender:        Male            Female

**Physical Limitations:**    No    Yes (Please Explain)

**Education (highest level completed)**

Grades 1-5    6-9        11-12    College    Business    Graduate School Technical/Vocational

**Former work/occupation** ..... **Most recent employer (optional)** .....

**List previous volunteer experience**.....

**Do you have any special skills/training (List your skills and indicate proficiency level)**

Skilled    Can Teach    Amateur

1. ....

2. ....

3. ....

**Languages**            Fluent        Read        Write

1. ....

2. ....

**Volunteer availability: (Circle all applicable)**

Number of Days per week: 1 2 3 4 5

Monday    Tuesday    Wednesday    Thursday    Friday    No Preference

**Transportation: (How you will get to your assignment)**

Public Trans.    Walk    Bus/Van Taxi/Car Svc    Car

**What volunteer work are you interested in doing: (Select all applicable)**

Tutor at-risk teens and young adults     Animal therapy & activities

Journaling     Meditation     Exercise & Nutrition     Scrap booking

Music     Crocheting     Fundraising     Outdoor activities

Art Therapy     Other

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**Please fax your application to the Attn of Kelly Gafford at 702-216-2923**

**Mail it to:**

Fresh Start Family Services, LLC  
3934 La Madre Way  
North Las Vegas, NV 89031

**For more information, please contact Kelly Gafford, Executive Director at 702-326-9779 or freshstartfamilyservices@cox.net**