

INSPIRED SPACES FOUNDATION

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the Inspired Spaces Foundation. Please complete the information below and submit your application for review. We look forward to volunteering together in service of our amazing clients.

Name: _____

Address: _____

Primary Phone Number: _____

Alternate Phone Number (if applicable): _____

Email: _____

Skills and Interests: _____

Why do you want to volunteer with the Inspired Spaces Foundation? _____

Anything else you want us to know? _____

Can you provide proof of Covid-19 vaccinations? ^{MD} Yes ^{MD} No

Have you been convicted of a crime in the last 10 years? ^{MD} Yes ^{MD} No

If yes, this does not disqualify you from volunteering, but may limit the type of volunteer position available. Please briefly explain. _____

Because we work with a vulnerable population, we require background checks on all our volunteers. Please provide your full legal name and date of birth.

Full Legal Name (please print)

Date of Birth