## **NVFI Volunteer Application Form**

D	ate of Appl	ication:					
$\mathbf{A}_{\mathrm{l}}$	<ul><li>Drop i</li><li>Fax it</li></ul>	it off at our fro to 513-793-3				6, Cincinnati, OH 45242	
N	ame:		initial				
	11	first		last			
A	aaress:	number	street		Apt No., U	nit No., P.O Box	
		City/Town			Postal Code	<i>e</i> :	
<b>A</b> 1	re you curr	ently employ	ved?Occ	upation:			
H	ome #:		Are	a of Study:			
Cell #:							
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000000000	Administra Physician I Grant write Translator Social Med Ask the Sp Photograph Communit Spokespers Other	ntive Support Directory Spe er dia Researche ecialist ny y Support Lea	r nders		le)		
0	umber of H 1-5 5-10 10-15 15-20	lours Availal	ole to Volunteer Each	Week:			
Pl	ease list the	e time frame	s you are available to	work/volunte	er.		
	Monday:		End			End	_
0	Tuesday	Start	End	_ oSaturday	Start	End	_

<ul> <li>Wednesday Start</li> </ul>	End	○ <b>Sunday</b> Start	End	
Thursday Start		•		-
<b>List Any Previous or Cur</b> Organization		<b>xperience:</b> Major Responsibility	Dates of service (yy/mm)	
Organization	1 Ostiton/N	Tajor Kesponsionny	From: To:	
1				
2				
3				
4			<del></del>	
T * . 4 \$7 To		. 1		
<b>List Your Employment/T</b> <i>Employer</i>		<b>na:</b> Iajor Responsibility	Dates of service (yy/mm)	
Етрюует	1 OSHIOW N	rajor Kesponsionny	From: To:	
1				
2				
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4	<del></del>		<del></del>	
Describe your favorite Vo	olunteer or Work	Experience:		
			<del></del>	
List the Qualifications, S	kills or Talents tha	nt you bring to this Posit	ion (Sing, Event Planner, '	Writer, e
Zist the Quanteurons, S.		of Jour Sing to this I obt	(Sing) 2 (ent 1 iumer)	,,,,,,,,,
Signature of Applicant		Date		
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For people filling out this application on Word, please press Insert to make the application process simple.