



Program Volunteer Application

Serenity Educational Programs, Inc accepts participation of volunteers interested and willing to follow our mission, procedures and instructions. If you agree and are interested in our mission, we encourage you to complete this application. Your information on this form will be kept confidential, and thank you for your interest in our organization.

Name _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Email _____

Education: (College attended/Degree or Certificate)

Any special talents, other volunteer activities? _____

In which of the following areas do you have strengths to help this organization?

Please circle all that apply:

Community Affairs

Public Relations

Charity Events

Mentoring

Tech Training

Legal Advice

Grant Writing

Management

Accounting

As a volunteer of Serenity Educational Programs, Inc, I agree to abide by all policies and procedures. I also understand that I will be volunteering at my own risk and that the organization directors, employees, and affiliates cannot assume any responsibility for any liability, for any accident, personal injury or health problem which may occur from my participation in any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis. I am not eligible to receive any monetary payment or reward.

Signature _____

Date _____