Cole Foundation

Bringing Hope | Transforming Lives

VOLUNTEER APPLICATION

By completing this form I understand that I will be contacted by a representative from the Cole Foundation to discuss opportunities that might exist for me to volunteer for Cole Foundation. By completing this form I am acknowledging that I have investigated Cole Foundation and feel that the beliefs of this foundation align with my personal beliefs and will strive to support the foundation in any way possible to offer hope and transform lives through our works. By completing this form I certify that I am at least 18 years of age and have the appropriate skill sets for the positions for which I am applying.

NAME:	
ADDRESS:	
	Include Street address, City, State, and Zip Code
PHONE NUMBER:	
	List several phone numbers if necessary
EMAIL ADDRESS:	
_	Please know that your email address will not be shared with any outside agencies.
HOW DID YOU HEA	AR ABOUT US?
AdministratFundraisingCorporate S	– Event Planning
☐ Grant Resea	
ADDITIONAL COMI	MENTS OR THINGS WE NEED TO KNOW ABOUT YOU:

Please save this form and email to Rebecca.jones@cole-foundation.org.