



Volunteer Application

Contact Information

Name	
Street Address	
City, State, and ZIP	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings _____ Weekend mornings _____

Weekday afternoons _____ Weekend afternoons _____

Weekday evenings _____ Weekend evenings _____

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Art Instructor
<input type="checkbox"/> Special Events	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Dance Instructor
<input type="checkbox"/> Gardening/Landscaping	<input type="checkbox"/> Game Player	<input type="checkbox"/> Craft Instructor
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Pet Therapy	<input type="checkbox"/> Fitness/Wellness
<input type="checkbox"/> Meal Deliveries	<input type="checkbox"/> Resident Visitor	<input type="checkbox"/> Library
<input type="checkbox"/> Switchboard/Receptionist	<input type="checkbox"/> Song/Singer Leader	<input type="checkbox"/> Outings with Residents
<input type="checkbox"/> Transportation	<input type="checkbox"/> Pianist/Organist	<input type="checkbox"/> Intellectual Programs (chess, bridge, trivia, literature, book club)
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Photography	<input type="checkbox"/> Recreation Services

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, and Zip	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

For Office Use Only

Volunteer Coordinator Manager:

Volunteer Staff Coordinator:

Assignment:	Driving Orientation:
Orientation Date:	DMV:
Criminal Background:	TB:
Photo and Media Consent Form:	Start Date: