



Volunteer Application

Contact Information

Name	
Street Address	
City, State, and ZIP	
Home Phone	
Work Phone / Cellular	
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"/> Switchboard/Receptionist	<input type="checkbox"/> Resident Visitor	<input type="checkbox"/> Library
<input type="checkbox"/> Transportation	<input type="checkbox"/> Song/Singer Leader	<input type="checkbox"/> Outings with Residents
<input type="checkbox"/> Escort to Dr. Appts	<input type="checkbox"/> Musician Pianist/Organist	<input type="checkbox"/> Intellectual Programs (chess, bridge, trivia, literature, book club)
<input type="checkbox"/> Photography/Videography	<input type="checkbox"/> Computer Instructor	<input type="checkbox"/> Recreation Services
		<input type="checkbox"/> Energy Healing

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.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

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 Services Coordinator:

Assignment:	Driving Orientation:
Photo and Media Consent Form:	DMV:
Volunteer Pledge and Acknowledgement Form	TB Screening Form:
Orientation:	Start Date: