



## Volunteer Application

### Contact Information

Name	
Street Address	
City, State, and ZIP	
Home Phone	
Work Phone / Cell 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

Indicate which areas interest you or if there is something that isn't listed, note it at the bottom.

<input type="checkbox"/> Administration	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Art Instructor
<input type="checkbox"/> Special Events	<input type="checkbox"/> Village Gift Shop	<input type="checkbox"/> Dance Instructor
<input type="checkbox"/> Gardening	<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"/> Receptionist	<input type="checkbox"/> Resident Visitor	<input type="checkbox"/> Library
<input type="checkbox"/> Transportation (recreation and/or medical)	<input type="checkbox"/> Song Leader/Singer	<input type="checkbox"/> Outings with Residents
<input type="checkbox"/> Resident Escort – (on or off campus/medical and/or recreation)	<input type="checkbox"/> Musician (Pianist/Organist/Other)	<input type="checkbox"/> Intellectual Programs (chess, Bridge, trivia, literature, book club, etc.)
<input type="checkbox"/> Photography	<input type="checkbox"/> Computer Instructor	<input type="checkbox"/> Recreation Services
<input type="checkbox"/> Flower Arranging/ Centerpieces/Holiday Decorating	<input type="checkbox"/> Bulletin Board Keeper	<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: