

Volunteer Application Form

Name: _____

Address: _____ City: _____ PR: _____ PC: _____

Telephone: (home) _____ (work) _____ (cell) _____

Present Occupation: _____ Employer _____

Emergency Contact _____ Relationship _____

Telephone _____

Education _____

Previous Volunteer Experience

Time Available to Volunteer (please select what is most convenient for you to be scheduled)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please check the areas of volunteer service you are most interested in:

- | | |
|---|---|
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Community Information Desk | <input type="checkbox"/> Life Enhancement Programs |
| <input type="checkbox"/> Resident Escort | <input type="checkbox"/> Visitations |
| <input type="checkbox"/> Clerical/office support | <input type="checkbox"/> Library Cart |
| <input type="checkbox"/> Chapel /Church Service | <input type="checkbox"/> Other (Special Interest) _____ |

References (please provide us with the names of 2 persons who would be able to tell us a little more about you.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Date: _____ **Signature:** _____