



Volunteer Application

Name _____ Phone _____

Home Address _____

Occupation _____ Date of Birth _____

Emergency Contact (Name/Phone) _____

*****Circle Preferences*****

1. How often will you be able to volunteer? (Circle Preference)

Weekly Twice a Week Every Other Week

2. How much time would you be able to donate?

One Hour Two Hours Three Hours Longer Periods

3. Time of Day (Circle Preference)

Morning Afternoon Evening

4. Day of Week Preferred (Circle Preference)

Monday Tuesday Wednesday Thursday Friday Sat/Sun

5. Do you wish to put a time limit on your volunteer commitment?

3 months 6 months 1 year indefinitely

6. Why do you want to volunteer? _____

7. Please list skills, hobbies, interests _____

8. Please list physical limitations/medications you take which we need to be aware of:

9. Please give one reference with phone number _____



Start Date _____