



# Volunteer Application

This application is for volunteer applicants only. This is not an application for employment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthday: \_\_\_\_\_

.....

Are you part of a group? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Which facility would you like to volunteer? \_\_\_\_\_

Would you like a tour of our building and introductions to our staff? \_\_\_\_\_

What is your area of interest? (check all that apply)

- Art
- Music
- Dance
- Theater
- Storytelling
- Writing
- Companionship
- Other



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(Continued)

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List Any Hobbies That Interest You: \_\_\_\_\_

List any Skills/ Talents: \_\_\_\_\_

Do you have Transportation?  Yes  No

When can you start ? \_\_\_\_\_

What Day/Days are you interested in Volunteering? (Check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning (9-12)       |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Afternoon (12-3)     |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Late Afternoon (3-5) |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Evening (5-7)        |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Night (After 7)      |

Your signature below is your attestation that the above information is correct

\_\_\_\_\_  
**Signature of Prospective Volunteer**

\_\_\_\_\_  
**Date**