

Volunteer Application

Contact Information		
Name		
Street Address		
City, State, Zip Code		
Home Phone		
Work 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		
Tell us in which areas you are interested in volunteering		
Administration		
Driver		
Assist w/ shopping		
Assist w/ daily living		
Cook		
Housekeeping		
One-on-one counseling		
Other		
00101		
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.		
Davasa to Natify in Cas	a of Functional	
Person to Notify in Cas	e or Emergency	
Name		
Street Address		
City, State, Zip Code		
Home Phone		
Work Phone		
E-Mail Address		
L-Mail Address		
Agreement and Signature		
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations		
made by me on this application may result in my immediate dismissal.		
Name (printed)		
Signature		
Date		
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Our Policy		

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.