



Volunteer Application

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

Service Area Requested: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____ Phone: _____

List any previous experience related to the service area requested above.

Do you have transportation? Yes No When would you like to start? _____

Times you are available for volunteer work:

Hours per week: _____ Circle Day(s): S M T W TH F S Morning ___ Afternoon ___ Evening ___

How long do you anticipate serving as a volunteer?

Less than 3 months: ___ 3-6 Months: ___ 6 Months: ___ 1 Year: ___ Indefinitely: ___

Hobbies and subjects that interest you: _____

Skills and Talents: _____

List any serious illness in the last five (5) years: _____

Family Physician (or Physician who last examined you): _____

Address: _____

Your signature below is your attestation that the above information is correct and serves as approval for us to contact your Physician for a medical reference.

Signature of Prospective Volunteer

Date