

**VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Referred by \_\_\_\_\_ Relationship \_\_\_\_\_

Time available to volunteer (hours per week or month) \_\_\_\_\_

Any preferred days or hours? \_\_\_\_\_

Summary of Work Experience:

Prior Volunteer Experience:

What type of volunteer activities are you most interested in?

- \_\_\_\_\_ Clerical
- \_\_\_\_\_ Reception
- \_\_\_\_\_ Visiting with Residents
- \_\_\_\_\_ Providing transportation for Residents
- \_\_\_\_\_ Assisting on outings
- \_\_\_\_\_ Shopping with/for Residents
- \_\_\_\_\_ Assisting with Resident activities/interests
- \_\_\_\_\_ Other \_\_\_\_\_

Why are you interested in volunteering at the Community?

Have you ever been convicted of a criminal offense other than a minor traffic violation? If yes, please explain:

Are you in good health? (i.e., physically able to perform the volunteer activities under consideration and free of any health condition that might create a hazard to Residents, staff or other individuals) \_\_\_\_\_ Yes \_\_\_\_\_  
No

Please list three references that we may contact:

Name	Phone Number	email
1. _____		
2. _____		
3. _____		

I understand that the Community will do a criminal background check. \_\_\_\_\_yes \_\_\_\_\_no

I agree that the Community may use my picture and name. \_\_\_\_\_yes \_\_\_\_\_no

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

Note date conducted and any notes:

Interview: \_\_\_\_\_

Reference checks: \_\_\_\_\_

Background check: \_\_\_\_\_

Health screening: \_\_\_\_\_