Your SeniorLife Resource for All Seasons

Presbyterian Manor
Perkins-Prothro Health Care
House of Hope

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
- ☐ Weekday afternoons
- ☐ Weekday evenings
- ☐ Weekend mornings
- ☐ Weekend afternoons
- ☐ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Presbyterian Manor	***Perkins Prothro Health Care Center***	***House of Hope***
☐ Events	☐ Events	☐ Events
☐ Clerical	☐ Deliveries	☐ Deliveries
☐ Fundraising	☐ Exercise	☐ Exercise
☐ Nwsltr Production	☐ Game Days (Bingo)	☐ Game Days
☐ Crafts/Sewing	☐ Arts/Crafts	☐ Arts/Crafts
☐ Library	☐ Bible Studies	☐ Bible Studies
☐ Mail Room	☐ Reading	☐ Reading
☐ Choir	☐ Programming	☐ Programming
☐ Bible Studies		
☐ Programming		

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.

References

List 3 Personal/Professional References with Contact Information

1.
2.
3.

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Acceptance

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.

☐ I agree
☐ I do not agree

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.

Submit Form