

# Volunteer Application

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## Contact Information

Name	
Street Address	
City State Zip	
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

<i>Presbyterian Manor</i>	<i>Perkins Prothro Health Care Center</i>	<i>House of Hope</i>
<input type="checkbox"/> Events & Parties	<input type="checkbox"/> Events	<input type="checkbox"/> Events & Parties
<input type="checkbox"/> Clerical	<input type="checkbox"/> Deliveries	<input type="checkbox"/> Exercise
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Exercise	<input type="checkbox"/> Game Days
<input type="checkbox"/> Library	<input type="checkbox"/> Game Days (Bingo)	<input type="checkbox"/> Arts/Crafts
<input type="checkbox"/> Mail Room	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Reading
<input type="checkbox"/> Paper cutting	<input type="checkbox"/> Morning Sunshine	<input type="checkbox"/> Visitation
<input type="checkbox"/> Teaching a skill	<input type="checkbox"/> Reading	
	<input type="checkbox"/> Visitation	

## 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.

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## Why do you want to volunteer?

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## References

List 3 Personal/Professional References with Contact Information

1. Name	Phone Number
Address	Email
2. Name	Phone Number
Address	Email
3. Name	Phone Number
Address	Email
4. Name	Phone Number
Address	Email

## Person to Notify in Case of Emergency

Name	
Street Address	
City State Zip	
Home Phone	
Work Phone	
E-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	

## Our Policy

For some volunteer positions, you may be expected to meet certain regulatory requirements. This is necessary to ensure the health and safety of our residents.

Thank you for completing this application form and for your interest in volunteering with us.