



Volunteer Application

Date: ___/___/___

Name: _____

Address: _____

Occupation: _____

Date of Birth: ___/___/___ Email: _____ Phone: _____

Reference check _____

License & Insurance _____

Confidentiality form _____

List volunteer experience:

Organization	Job Title	Dates

How did you learn about this program? _____

Hobbies, Skills and Special Interests: _____

What type of volunteer experience are you interested in?

- Computer work
- Transportation
- Help develop and implement programs
- Small tasks assistance (help out with small household chores like changing batteries and light bulbs)
- Handyman assistance (evaluate household problems and help with minor repairs like fix stuck windows)
- Good Neighbor assistance (help water plants, pick up mail, sort mail or pop in to say hi to a member who is unable to get out.
- Drive and accompany a member to medical appointments, lend support and take notes.
- Other _____

References:

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____

The undersigned understands and agrees that: **1.** he/she is not obligated to perform the volunteer services here-in applied for should he/she find it impossible to continue and **2.** as a part of the agency's matching process, additional information will be elicited from the applicant by professional agency personnel. **3. All information about member(s) is confidential.**

Date: _____

Signed: _____