



VOLUNTEER APPLICATION

CONTACT INFORMATION/ABOUT YOU

Name: _____ Nickname: _____

Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Gender: M F Are you a Veteran: Yes No

VOLUNTEER INTERESTS Please check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Errands/Grocery Shopping | <input type="checkbox"/> Organizing (papers, etc.) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Computer Assistance |
| <input type="checkbox"/> Delivering Meals on Wheels | <input type="checkbox"/> Minor Home Repair | <input type="checkbox"/> General Office Work |
| <input type="checkbox"/> Wellness Classes | <input type="checkbox"/> Special Events | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other _____ | | |

AVAILABILITY

General Availability? Weekdays: AM ___ PM ___ Weekends: AM ___ PM ___

Are you interested in one-day-only events or short-term opportunities? Yes No

Seasonal resident? Yes No Do you own a car? Yes No

Communities you'd like to serve: _____

EXPERIENCE/INTEREST/BACKGROUND

Tell us about your previous volunteer experience: _____

Describe your interests, hobbies and skills: _____

Is there anything else you'd like to tell us? _____

Signature: _____

Date: _____