



## 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: \_\_\_\_\_