



VOLUNTEER APPLICATION

Personal Information	
Name:	Date:
Address:	Date of Birth: (for background check)
City:	State: Zip:
Home Phone:	Cell Phone:
Email address: (required)	

References (non-family)	
Name:	Relationship:
Phone No.:	
Name:	Relationship:
Phone No.:	

Emergency Contact Information	*Preferably local
Name:	Relationship:
Address:	
City:	State: Zip:
Phone:	

Disclosures
Please share with us anything that we need to know that might direct or limit your volunteering opportunities, such as physical/mobility limitations, allergies (smoke, pets, dust) or travel frequently.

	Please check days available to volunteer	Circle time of day available to volunteer		
	My schedule is flexible			
	Sunday	Morning	Afternoon	Evening
	Monday	Morning	Afternoon	Evening
	Tuesday	Morning	Afternoon	Evening
	Wednesday	Morning	Afternoon	Evening
	Thursday	Morning	Afternoon	Evening
	Friday	Morning	Afternoon	Evening
	Saturday	Morning	Afternoon	Evening

Volunteer Interests: Please check ALL that apply.

In Home Support		Tech Support	
Driving – rides to Dr. visits, shopping, etc.		Computer/web assistance	
Occasional Light housecleaning		Social media support	
Minor household repairs/maintenance		T.V., Cable, A/V Assistance	
Sorting mail, bills, etc.			
Occasional Light gardening, yard work			
In home visiting			
Daily/ weekly phone call check-in			
Walking/exercise partner			
Office & Organizational Support		Events	
Clerical/Office Support		House Party/Info Session Host	
Data Entry		Photography	
Fundraising		Event Support	
Marketing/Outreach		Social Event Planner	
Telephoning		Teaching Class	
Flyer/Poster Distribution		Lecture/Talk	

Please provide any other information that you think is relevant, i.e. worked with blind people, master gardener, love of music, etc. Anything that would help match you to members.

Motor Vehicle Record Information (only required for volunteers providing transportation)

Within the past 5 years, have you been ticketed for any of the following?

Violation	Date	Violation	Date
Moving Violation		Reckless Driving	
Aggressive Driving		DUI (past 15 yrs.)	
At Fault Accident		Other:	
Attach copy of insurance card for your vehicle		Attach copy of drivers' license	

