



# Volunteer Application

Today's Date: \_\_\_\_\_

Your Name (Printed): \_\_\_\_\_

Address (Street): \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

E-mail Address (if have): \_\_\_\_\_

Birth date (mo/day/): \_\_\_\_\_

Day Phone: \_\_\_\_\_

Days and Times Available \_\_\_\_\_

Cell Phone (if have): \_\_\_\_\_

## Schedule

How often do you want to volunteer? \_\_\_\_\_

Please list the days and times that are best for you: \_\_\_\_\_

## Volunteer Experience

Have you volunteered before?  No  Yes If yes, please describe below:

<b>Agency Name:</b> _____	<b>Agency Name:</b> _____
Dates [From/To]: _____	Dates [From/To]: _____
Duties _____	City/State/Zip _____
Supervisor Name: _____	Supervisor Name: _____
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Work Experience

Company Name: _____	Company Name: _____
Dates [From/To]: _____	Dates [From/To]: _____
Duties _____	City/State/Zip _____
Supervisor Name: _____	Supervisor Name: _____
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

*More About You*

Please list any other work or club experiences here:

What are your interests and hobbies:

How did you learn about volunteering at Talahi Care Center?

Why do you want to volunteer at Talahi?

*Students*

School currently attending:

Field/Area of Study:

Is this for a service learning class?  Yes  No

If so, what is the name of the class:

What is the Professor/Teacher's

Name:

Number of required hours:

*Volunteer Activities*

I would like to participate in *[Please check all that apply]*

<input type="checkbox"/> Adult Daycare <input type="checkbox"/> Assisting residents on appointments <input type="checkbox"/> Assist feeding residents <input type="checkbox"/> Bingo <input type="checkbox"/> Bookkeeping /Office Help/Computer <input type="checkbox"/> Chapel Services <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Community Outings <input type="checkbox"/> Establishing and maintaining one on one relationships <input type="checkbox"/>	<input type="checkbox"/> In-House Special Events <input type="checkbox"/> Non-Profit Board Member <input type="checkbox"/> Playing Cards <input type="checkbox"/> Sharing my musical talents (which are _____) <input type="checkbox"/> Shopping for residents <input type="checkbox"/> Sing-along <input type="checkbox"/> Other _____ <input type="checkbox"/>
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**Schedule Emergency Contact Information**

Person to Call [for your safety/In case of emergency]:

Relationship to you:  Spouse     Friend     Family     Other:

Day Phone:

Evening Phone:

*The information that I have provided in this application is true and correct to the best of my knowledge. If I am selected to participate in the Volunteer Program at Talahi Care Center, I agree to abide by the Volunteer Program Manual and all rights and responsibilities.*

Signature of Volunteer:

Date:

Signature of interviewer \_\_\_\_\_

Date: \_\_\_\_\_