

Volunteer Application

Contact Information

Name	
Street Address	
City State Zip	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

<i>Presbyterian Manor</i>	<i>Perkins Prothro Health Care Center</i>	<i>House of Hope</i>
<input type="checkbox"/> Teach a skill or craft	<input type="checkbox"/> Help at an event/party	<input type="checkbox"/> Help at an event/party
<input type="checkbox"/> Be a guest speaker	<input type="checkbox"/> Lead an exercise class	<input type="checkbox"/> Lead an exercise class
<input type="checkbox"/> Provide entertainment	<input type="checkbox"/> Help on Game Days (Bingo, etc.)	<input type="checkbox"/> Help on Game Days (Bingo, etc.)
<input type="checkbox"/> Help at an event/party	<input type="checkbox"/> Lead a Bible Study	<input type="checkbox"/> Help with arts/crafts
<input type="checkbox"/> Lead an exercise class	<input type="checkbox"/> Help with arts/crafts	<input type="checkbox"/> Read to the visually impaired
	<input type="checkbox"/> Read to the visually impaired	<input type="checkbox"/> Visit one-on-one
	<input type="checkbox"/> Serve morning juice	<input type="checkbox"/> Share music
	<input type="checkbox"/> Help with manicures	
	<input type="checkbox"/> Visit one-on-one	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Why do you want to volunteer?

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References

List 3 Personal/Professional References with Contact Information. (No family members please.)

Reference #1

Name:
Phone Number:
Address:
Email Address:

Reference #2

Name:
Phone Number:
Address:
Email Address:

Reference #3

Name:
Phone Number:
Address:
Email Address:

Person to Notify in Case of Emergency

Name	
Street Address	
City State Zip	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

For some volunteer positions, you may be expected to meet certain regulatory requirements. This is necessary to ensure the health and safety of our residents.

Thank you for completing this application form and for your interest in volunteering with us.