

# VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Experience and Special Skills

Have you worked with the elderly? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Have you done volunteer work? \_\_\_\_\_ What type? \_\_\_\_\_

Do you know any foreign languages? \_\_\_\_\_ Which foreign language do you speak, read or write? \_\_\_\_\_

Do you play a musical instrument? \_\_\_\_\_

Which (soloist, accompanist, part of a group)? \_\_\_\_\_

## Hours of Service

How many hours do you wish to work a week: \_\_\_\_\_

Fill in days and hours you prefer (10-12 a.m., 1-4 p.m., etc.)

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

I do not wish to schedule regular hours, but please contact me to assist with special projects and activities (circle one) Yes No