

Volunteer Information Form



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (M) _____

SKILLS AND INTERESTS

Education Background:

Current Occupation:

Hobbies, Interests, Skills:

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- ☐ Resident Entertainment ☐ Assist with Outings ☐ 1:1 Resident Activities
☐ Assist with Meals ☐ Cleaning & Other Housework
☐ No Preference ☐ Other: _____

AVAILABILITY

At what times are you interested in volunteering?

- ☐ Am flexible ☐ Weekdays ☐ Weekend ☐ Days ☐ Evenings

There are times during a week that I cannot do volunteer work _____

Do you have a geographic preference as to where you do volunteer work?

- ☐ No ☐ Yes _____

Do you have access to an automobile you can use for volunteer work?

- ☐ No ☐ Yes ☐ Occasionally

REFERENCES

How did you hear about us? ☐ Advertisement ☐ Referred by friend/volunteer

Other _____