



Volunteer Application

An Adult Day Program

Contact Information

Name:	
Street Address:	
City ST ZIP Code:	
Home Phone:	
Work Phone:	
E-Mail Address:	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
 Weekday afternoons
 Weekday evenings

Specific days:

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Fundraising
 Meal Deliveries
 Newsletter production
 Volunteer coordination

Activities:

Outings Music Pet Therapy Gardening Baking Arts/Crafts Other:

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.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name:	
Street Address:	
City ST ZIP Code:	
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

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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

**Would you like to subscribe to our newsletters? ___ Yes ___ No