



VOLUNTEER APPLICATION FORM

The following information will help us understand your interests and the resources which you bring to volunteer work, and enable us to make plans that will ensure the most satisfying experience for you as a volunteer. Thank you.

First Name: _____ Last Name: _____ M/F: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

TIME YOU HAVE AVAILABLE FOR VOLUNTEER WORK:

Hours per week or month: _____

Any preferred days or hours? _____

How much advance notice would you usually need? _____

Do you have a car and can you show proof of insurance? Y/N _____ Would you be willing to drive it to transport Stephen's Place residents as part of your volunteer work?

Yes: _____ No: _____ Uncertain: _____

ARE YOU PRESENTLY EMPLOYED? _____ If yes, hours per week: _____

WORK EXPERIENCE: _____

PRIOR EXPERIENCE AS A VOLUNTEER OR IN COMMUNITY ACTIVITIES:

SKILLS INVENTORY: Check any of the following areas in which you have special skills and/or areas of interest:

ADMINISTRATIVE:

- ___ Reception
- ___ Clerical
- ___ Newsletters
- ___ Word processing
- ___ I.T. expertise
- ___ Other (please describe)

PERSONAL SERVICE:

- ___ Friendly visiting/walking
- ___ Writing letters/completing forms
- ___ Run errands/personal shopper
- ___ Transportation/escort
- ___ Mending/ironing
- ___ Reading/translating
- ___ Grooming (e.g. hair needs)
- ___ Laundry assistance
- ___ Other (please describe)

In what areas are you interested in volunteering?

1. _____
2. _____
3. _____

SOCIAL/RECREATIONAL

- ___ Physical fitness
- ___ Crafts
- ___ Community Trips
- ___ Dance
- ___ Games
- ___ Movies
- ___ Sports
- ___ Music
- ___ Religious activities
- ___ Arts
- ___ Sewing
- ___ Cooking
- ___ Plant care/Greenhouse
- ___ Other (please describe)

SPECIALIZED SERVICES

- ___ Personal care
- ___ Tax preparation
- ___ Conservatorship
- ___ Counseling
- ___ Therapy
- ___ Special Needs Trusts
- ___ Estate Planning/DD Benefits
- ___ ASL
- ___ Other (please describe)

REFERENCE INFORMATION: Please provide the names and phone numbers of two references.

1. _____
2. _____

I am requesting the Volunteer Handbook in order to read and review the volunteer policies and procedures.

Volunteer Signature

Date

I understand that I may be required to have a TB test, complete a criminal background check and submit fingerprint cards.

For Office Use Only:

Reference Check ___ Date ___ Initials ___

Security Check ___ Date ___ Initials ___

VOLUNTEER APPLICATION FORM

Use only as authorized by

Stephen's Place 2-15

initials _____