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)

SOCIAL/RECREATIONAL
- Physical fitness
- Crafts
- Community Trips
- Dance
- Games
- Movies
- Sports
- Music
- Religious activities
- Arts
- Sewing
- Cooking
- Plant care/Greenhouse
- 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)

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

In what areas are you interested in volunteering?
1. ______________________________
2. ______________________________
3. ______________________________

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 ____