

APPLICATION FOR A VOLUNTEER POSITION

Name _____ Telephone _____

Address _____ Zip _____

Are you older than 16? Yes No Prefer not to answer

Occupation _____

Interest, skills, hobbies _____

Do you have your own transportation? _____

Have you ever done volunteer work? _____ Where? _____

What kind? _____

Organizations of which you are now a member _____

What type of volunteer work would you like to do? (Please check below)

Group Activity _____ One on One _____ Special projects _____

Accompany on trips to movies, restaurants _____ Office services _____

Baking _____ Crafts _____ General _____ Fund raising _____

Other _____

How much time can you give? Weekly _____ Monthly _____ Available time _____

What times are you available? Sun _____ Mon _____ Tue _____ Wed _____

Thu _____ Fri _____ Sat _____

Why do you wish to volunteer for The Seasons? _____

Where did you hear about us? _____

Name and contact information of three personal references:

Emergency Contact Info:

Name: _____ Relationship to you: _____

Address: _____

Phone Number: (H) _____ (C) _____ (W) _____