



Volunteer Application

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Have you ever volunteered before? _____ **Yes** _____ **No**

Why would you like to volunteer?

Availability: Please circle the days you are available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What times are you available: _____

Interest/Skills - Please Circle the activities you may be interested in:

Pet Visits Pet Therapy Religious Programs Polishing Nails

Playing Games Baking Gardening Playing Musical Instruments

Outdoor Chores Singing Cleaning/Housekeeping Crafts Book Clubs

Serving in the Dining Room Art Projects Fixing Things Dancing

Leading Exercise Quilting or Knitting Reading Driving the Bus

Assisting with Resident Outings to Dinner or Shopping Decorating

Fundraising Events Teaching Sports Cards

Other Activities: _____

Signature: _____ **Date:** _____

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