



# Volunteer Application / Resident

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have any medical condition we should be aware of?  Yes  No

If yes, please list \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Tell us about your:

Volunteer Experiences \_\_\_\_\_

Hobbies and Interests \_\_\_\_\_

### Availability (please check all that apply)

Weekly  Biweekly  Once per month  Occasionally

Morning  Afternoon  Evening  Anytime

Mon  Tues  Wed  Thur  Fri  Sat  Sun

### Please check the areas of service that are of interest to you:

- Bingo/games Assistance     Manor Mart Re-sale Shop     Share musical talents
- Mending / Sewing     Special Event Assistance     New Neighbor Program
- Nail Painting     Crafts     One-to-One Visits
- Field Trip Assistance     Wheelchair Transports     Wheelchair Walks
- Woodshop

Other \_\_\_\_\_

X \_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*