



Volunteer Application

Date _____

Name _____

Address _____

Phone _____ Email _____ Age 15 or older? _____

Do you have any medical condition we should be aware of? _____

If yes, please list _____

Emergency Contact _____ Phone _____

Tell us about your:

Volunteer Experiences _____

Hobbies and Interests _____

Why do you want to volunteer at Evergreen? _____

Please provide two non-family references:

Name _____ Phone _____ Relationship _____

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Applicants are subject to a background check. You will receive an e-mail to begin the process.

Availability (please check all that apply)

Weekly Biweekly Once per month Occasionally

Morning Afternoon Evening

__ Mon __ Tues __ Wed __ Thur __ Fri __ Sat __ Sun

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

- Bingo/game assistance Manor Mart Re-sale Shop Share musical talents
- Mending / Sewing Special Event Assistance Nail Painting
- Crafts One-to-One Visits Field Trip Assistance
- Pet Visits (*see below) Wheelchair Transports Wheelchair Walks
- Other _____

X _____
Signature of Applicant

Date

***For Pet Therapy Volunteers Only:** Pets must be current on all required vaccinations. Proof of vaccinations will be required.