



Volunteer Application

Today's date _____

Name _____ Birth date _____

Home Address _____ City/Zip _____

Cross Streets _____

Home Phone _____ Cell Phone _____

E-mail address _____

Company/Organization _____ Office Phone _____

Occupation _____ Office Fax _____

Education: Number of Years _____ Major/Degree _____

Are you bilingual? _____ If yes, what language(s) _____

List two:

Emergency Contact _____ Phone/Cell _____

Emergency Contact _____ Phone/Cell _____

Reference Contacts- List two:

Personal Contact _____ Phone/Cell _____

Personal Contact _____ Phone/Cell _____

Driver's license# _____ **Exp. Date** _____

Insurance Carrier _____ **Policy #** _____ **Exp. Date** _____

Please select service(s) to provide and availability: Transportation _____ Shopping/Errands _____

Respite _____ Reassurance Calls _____ Friendly Visits _____ Minor Repairs _____ As needed _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Orientation Date _____ Copy of Driver's License _____ Copy of Car Insurance _____

Conditions Release and Waiver of Liability Signed _____ Photo Release _____

Orientation completed by _____ Date/Time _____