

Note: Criminal background checks are done periodically on all volunteers. A felony conviction will exclude an applicant from consideration or terminate service.

Assisi House

Volunteer Services

Volunteer Application Form

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Date of Birth: _____ Email: _____

Can I contact you via: _____ text _____ email

EMERGENCY NOTIFICATION:

Person to contact in case of emergency: _____

Relationship to that person: _____

Phone number of emergency contact: _____

Physical Limitations: No _____ Yes _____ (If yes, please explain briefly)

GETTING TO KNOW YOU:

Do you have a valid driver's license? No _____ Yes _____

Education: _____

Current Employment: (if retired, last employer) _____

Volunteer Experience: _____

Would you be willing to be a volunteer leader? Yes _____ No, only if needed.

What caused you to be interested in volunteering at the Assisi House? _____

List any special skills/hobbies/interests: _____

How did you hear about our volunteer program?

_____ Church Bulletin/Member _____ Newspaper _____ Friend _____ Other

Have you ever been convicted of a felony? No _____ Yes _____

AREAS OF INTEREST FOR SERVICE:

_____ Provide Transportation _____ Participate in Outings _____ Write Letters

_____ Assist in Dining Room

_____ Assist with Feeding

_____ Assist with Activities

_____ Assist with Walking

_____ Visit with Residents

_____ Bring in Pets

_____ Assist with Crafts

_____ Help in Physical Therapy

DAYS AVAILABLE: Sun. Mon. Tues. Wed. Thur. Fri. Sat.

Hours Available: _____

Three References:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

The above statements are true and correct. My release and authorization of said information shall remain valid and in effect during my term of service.

Signature

Date

**Thank You for Volunteering
at Assisi House!**

For office use only - PLEASE DO NOT WRITE BELOW THIS LINE:

Interview Date: _____ Volunteer Starting Date: _____

Interviewer: _____ Orientation Date: _____

Placement: _____

Miscellaneous Notes: _____

Parental consent needed for background check: Yes ____ No ____

Parent's Signature

Parent's Name (please print)