

Pines of Peace Volunteer Application

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General Information

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____
E-Mail Address _____
Employer _____
Occupation _____

Previous Volunteer Experience

Organization _____
Address _____
City, State, Zip _____
Phone _____
Supervisor _____

Summarize your previous volunteer experience (attach additional sheet if necessary).

Do you have previous volunteer experience with a comfort care facility?

No Yes If yes, please indicate where _____

Indicate any volunteer training you may have received.

Personal Reference

Name _____
Address _____
City ST ZIP Code _____
Phone _____
Relationship _____

Availability

What days are you available?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

During which hours are you available for volunteer assignments?

8:00 am –12:00 pm 12:00 pm– 4:00 pm 4:00 pm– 8:00 pm 8:00 pm–midnight

Would you prefer to volunteer on a regular basis?

Weekly Monthly Short Notice (emergency) As needed for special events

Or for a particular event?

Auction Garage Sale
 Golf Tournament Craft Shows
 Bulk mailing (capital campaign, newsletters) Fundraisers

Interests

Tell us in which areas you are interested in volunteering

Office Assistant Fundraising Event Planning
 Caregiver/Companion Meal preparation Clean/Laundry
 Newsletter production Volunteer coordination Shop/Errands
 Ground maintenance/Gardens General maintenance Marketing

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

[Empty text box for special skills and qualifications]

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.