

VOLUNTEER APPLICATION

Name: _____

Address: _____

E-Mail: _____ **Month and Day of birth:** _____

Day phone #: _____ **Evening phone #:** _____

Employer: _____ **Occupation:** _____

Driver License: _____

References: (Minimum of 2)

Name _____ **Name** _____

Address _____ **Address** _____

Phone number _____ **Phone number** _____

How did you hear about Pines of Peace? _____

Volunteer experience: _____

Special Training (to benefit volunteer role): _____

Hobbies or Pastimes: _____

What Strengths will you bring to Pines of Peace? _____

What Experience have you had with death or dying? _____

Health or Physical Limitations: _____

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Indicate area(s) of volunteer service you are interested in:

Fund Raising - Public Relations for Special Events: (prep work, help out day of, bake)

Golf tournament _____ **Auction** _____ **Garage / Baked food sale** _____
Craft Shows _____ **Mailings** _____

Companion _____ **Resident Care** _____ **Clean** _____ **Laundry** _____

Decorate _____ **Office** _____ **Errands** _____ **Clerical** _____

Cook _____ **Bake** _____ **Shop** _____

Availability:

Sunday ___ **Monday** ___ **Tuesday** ___ **Wednesday** ___ **Thursday** ___ **Friday** ___ **Saturday** ___

Time Preferences:

8am – 12 Noon _____ **12 Noon – 4pm** _____ **4pm – 8pm** _____ **8pm – Midnight** _____

Do you prefer a specific day and time? _____

Are you available: **Weekly** _____, **Monthly** _____ **Emergency (short notice)** _____

Additional Office Information

Interview Completed: _____

Additional Recruitment Information: _____

Background Check completed: _____

Assigned Mentor: _____

Mentor Comments: _____

Training Completed: _____

Assigned Time: _____