



VOLUNTEER APPLICATION

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Mary Lou Wells

Today's Date _____

Name: _____ Date of Birth _____

Phone (h) _____ (c) _____ Email: _____

Address: _____

Occupation: _____ Full-time _____ Part-Time _____

Business/School Name _____

Address: _____ Phone: _____

Previous volunteer experience? _____

How did you hear of Heights and Hills? _____

Special skills, interests, foreign language, life experiences that you would like to

share: _____

When are you available? (circle all that apply)

Mon Tues Wed Thurs Fri Sat Sun

What time(s) are you available? _____

May we use your name in our publications? ___ Yes ___ No

May we use your photo in our publications? ___ Yes ___ No

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What services would you like to perform:

_____ Friendly Visiting

_____ Telephone Reassurance

_____ Medical Escorting

_____ Craft Projects with a Homebound Person

_____ Teach Computers to Homebound People

_____ Tape Record a Family Histories

_____ Help In the Home with Electronic Devices (e.g. DVD player, answering machine, etc.)

_____ Minor Home Repair/Handyman

_____ Clerical Help in the Office

_____ Other

(Specify) _____

Why do you want to volunteer with Heights and Hills? _____

Have you ever been convicted of a criminal offense? ___ Yes ___ No

If yes, please explain _____

REFERENCES (not a relative)

1. Name: _____

Address: _____ Phone _____

Email: _____

How does this person know you? _____

2. Name: _____

Address: _____ Phone _____

Email: _____

How does this person know you? _____

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Emergency Contact Name _____

Emergency Contact Number _____

Relationship to you: _____

Please indicate whether or not you are fulfilling hours for school requirement

___ Yes ___ No

If yes, how many hours do you need to complete? _____

By what date do your hours need to be completed by? _____

I affirm that the information on this application is correct. I am aware that a criminal background check will be performed upon submittal of this application.

SIGNATURE _____ Date _____