



APPLICATION FOR A VOLUNTEER POSITION

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Are you older than 16?      Yes              No              Prefer not to answer

Occupation \_\_\_\_\_

Interest, skills, hobbies \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Have you ever done volunteer work? \_\_\_\_\_ Where? \_\_\_\_\_

What kind? \_\_\_\_\_

Organizations of which you are now a member \_\_\_\_\_

What type of volunteer work would you like to do?              (Please check below)

Group Activity \_\_\_\_\_ One on One \_\_\_\_\_ Special projects \_\_\_\_\_

Accompany on trips to movies, restaurants \_\_\_\_\_ Office services \_\_\_\_\_

Baking \_\_\_\_\_ Crafts \_\_\_\_\_ General \_\_\_\_\_ Fund raising \_\_\_\_\_

Other \_\_\_\_\_

How much time can you give? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Available time \_\_\_\_\_

What times are you available? Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_

Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Why do you wish to volunteer for The Seasons? \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Name and contact information of three personal references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Info:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_