



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: H \_\_\_\_\_  
Street City State Zip W \_\_\_\_\_

How Long at Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Relationship: \_\_\_\_\_

Education: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Current Volunteer Experience: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Hobbies, Skills, Special Interests: \_\_\_\_\_

Do you have a friend or relative working at St. Anne's? \_\_\_\_\_ If Yes, Name: \_\_\_\_\_

Personal References (Other than family):

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Before volunteers are accepted, they will be required to have a criminal background check completed by St. Anne's Retirement Community.

I give permission to St. Anne's to contact any listed person, school, business or volunteer places of services as reference sources and conduct the required criminal background investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In which of the following do you wish to serve? Please check your preferences along with the day(s) of the week preferred and hours available.

Activity Department Volunteer		M	T	W	Th	F	S	Time _____
Pastoral Care Volunteer		M	T	W	Th	F	S	Time _____
Friendly Visitor Volunteer		M	T	W	Th	F	S	Time _____
Auxiliary Gift Shop Volunteer	Sun	M	T	W	Th	F	S	Time _____
Good Samaritan Volunteer	Sun	M	T	W	Th	F	S	Time _____
Other: _____		Days _____						Time _____

My Commitment will be: \_\_\_\_\_ hours  
\_\_\_\_\_ summer hours only  
\_\_\_\_\_ winter hours only  
\_\_\_\_\_ temporarily  
\_\_\_\_\_ ongoing  
\_\_\_\_\_ other

ARE THERE ANY ACCOMODATIONS YOU WILL NEED TO DO THE TASK WHICH YOU PLAN TO DO AS A VOLUNTEER? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

The Volunteer Coordinator will have a conference with you concerning your needs for accommodations.

Church Affiliation (not necessary to answer): \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write a paragraph on why are you interested in volunteering at St. Anne's.

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

\_\_\_\_\_  
Signature

10/7/2010