Willson House
VOLUNTEER APPLICATION FORM

The following information will help us understand your interests and the resources which you bring to volunteer work, and enable us to make plans that will ensure the most satisfying experience for you as a volunteer. Thank you.

First Name: _____ Last Name: _____ M/F: _____

Address: _____
               Street   City   State   Zip
Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Emergency Contact:_____ Phone:_____
TIME YOU HAVE AVAILABLE FOR VOLUNTEER WORK:

Hours per week or month: _____

Any preferred days or hours? _____

How much advance notice would you usually need? _____

Do you have a car and can you show proof of insurance? Y/N_____ Would you be willing to drive it to transport tenants as part of your volunteer work? _____

Yes: _____   No: _____   Uncertain: _____

ARE YOU PRESENTLY EMPLOYED? _____   If yes, hours per week: _____

WORK EXPERIENCE: _____

_____

_____

_____

PRIOR EXPERIENCE AS A VOLUNTEER OR IN COMMUNITY ACTIVITIES:
_____

_____

VOLUNTEER APPLICATION FORM FM-SR005
Use only as authorized by
Concepts in Community Living (3/04)   initials _____   1

SKILLS INVENTORY: Check any of the following areas in which you have special skills and/or areas of interest:

ADMINISTRATIVE:
____Reception
____Clerical
____ Newsletters
____Other (please describe)

PERSONAL SERVICE:

____Friendly visiting/walking
____Writing letters/completing forms
____Run errands/personal shopper
____Transportation/escort
____Mending/ironing
____Reading/translating
____Pet care
____Grooming (e.g. hair needs)
____Other (please describe)

SOCIAL/RECREATIONAL
____ Crafts
____ Community Trips
____ Games
____ Movies
____ Sports
____ Music
____ Religious activities
____ Arts
____ Plant care
____ Other (please describe)
_____

SPECIALIZED SERVICES
____Personal care
____Tax preparation
____Conservatorship
____Counseling
____Therapy
____Other (please describe,)
____ASL

In what areas are you interested in volunteering?
1. _____
2. _____
3. _____

REFERENCE INFORMATION: Please provide the names and phone numbers of two references.
1. _____

2. _____

I have read the Volunteer Handbook and agree to the volunteer polices and procedures.

_____   _____
Volunteer Signature   Date

☐ I understand that I may be required to have a TB test and complete a criminal background check and submit   fingerprint cards.

For Office Use Only:
Reference Check ___ Date _____ Initials ____
Security Check ___ Date _____ Initials ____

WILLSON HOUSE
WillsonHouse.org
RESIDENTIAL CARE