

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (MI) (optional)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have volunteer experience? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list agency and responsibilities:

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

List professional license(s): medical, mental health professional, social worker, therapist (physical, occupational), dietician, etc. \_\_\_\_\_

Current (or most recent) Employer:

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

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

Your position: \_\_\_\_\_

How did you learn about HealthSET? \_\_\_\_\_

Why are you interested in working with or on behalf of the elderly? \_\_\_\_\_

Geographic area(s) or counties where you prefer to volunteer: \_\_\_\_\_

Which type of **client** interests you? Check all that apply.

Male                       Short term                       Sighted  
 Female                       Long term                       Visually impaired  
 Non-smoker                       No preference

Are there any types of clients with whom you would **not** feel comfortable working? \_\_\_\_\_

Languages you speak (other than English): \_\_\_\_\_

Amount of time you are willing to volunteer:      weekly \_\_\_\_\_ monthly \_\_\_\_\_

Do you have access to a car?                       Yes       No

Are you willing to provide transportation for a client?       Yes       No

If yes, how far are you willing to drive? \_\_\_\_\_

Is there anything else you would like us to know about you? (education, skills, interests, health concerns)

**References:** Please list three people who are not related to you.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

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

Phone:      (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

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

Phone:      (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

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

Phone:      (home) \_\_\_\_\_ (work) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_