

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. _____

For RNs: (please circle your nursing degree) Diploma Associate's Bachelor's Master's Other: _____

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 _____