

FORT HEALTHCARE - APPLICATION FOR VOLUNTEER SERVICES

I. GENERAL INFORMATION

Name _____ Birthday: _____

First M.I. Last

Address _____

Street City Zip

Contact Info. _____

Home Phone Business Phone Cell # e-mail

In an emergency, notify _____ Relationship _____

Emergency Contact _____

Home Phone Business Phone Cell # e-mail

II. BACKGROUND

Education and/or special training _____

Business experience _____

Volunteer experience _____

Foreign languages (speak, read or write) _____

Physical limitations _____

III. VOLUNTEER SERVICES. Check all areas that you might be interested in.

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Patient Escort | <input type="checkbox"/> Cookie Sales | <input type="checkbox"/> Needlework |
| <input type="checkbox"/> First Grade Tours | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> CareLine | <input type="checkbox"/> Materials Mgt. |
| <input type="checkbox"/> Tele-Care | <input type="checkbox"/> Mail Delivery | <input type="checkbox"/> Joint Camp | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Amb. Services | <input type="checkbox"/> Ambassador | <input type="checkbox"/> Emergency Dept. |
| <input type="checkbox"/> Hospitality Cart | <input type="checkbox"/> *Pet Therapy (*Requires credentials) | | |
| <input type="checkbox"/> Wheelchair/CPR equipment Maintenance | | | |

IV. OTHER INTERESTS

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Computers | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Health Careers | <input type="checkbox"/> Finance | <input type="checkbox"/> Leadership | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Music | <input type="checkbox"/> Printing, Calligraphy | <input type="checkbox"/> Program Development | <input type="checkbox"/> Public Speaking |

V. AVAILABILITY. Check days, times that you ARE AVAILABLE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morn.	_____	_____	_____	_____	_____	_____	_____
Aft.	_____	_____	_____	_____	_____	_____	_____
Eve.	_____	_____	_____	_____	_____	_____	_____

How did you learn about our volunteer opportunities? _____

Signature of Applicant _____ **Date** _____