



FRIENDLY HOME
Because Friends Care.

VOLUNTEER APPLICATION

PLEASE PRINT

Circle one

(Mr., Mrs., Ms., Miss) _____

Date _____

Nickname _____

Address _____

City, Zip _____ Date of Birth Mo Date

Home Phone _____ Cell Phone _____

E-mail address _____

EMPLOYMENT INFORMATION

Current Employer _____ Position Title _____

Address _____

City, Zip _____

Business Phone _____ Retired Yes No

Attach resume if available.

SPECIAL SKILLS AND/OR TRAINING

HOBBIES/SPECIAL INTERESTS

Availability:

Weekly

Monthly

On Call

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

EMERGENCY CONTACT INFORMATION

Name _____

Address _____ Telephone _____

Relationship _____

COMMUNITY INVOLVEMENT

Please list any professional, religious, civic or honorary organizations that you are currently or have been affiliated with and indicate position within organization. Attach a separate sheet, if necessary.

Organization	Position Held	Years (From – To)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a crime (other than a traffic violation)? ___Yes ___No
Please explain: _____

Have you ever been removed from any type of employment? ___Yes ___No
Please explain: _____

PERSONAL REFERENCES

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

You have my permission to contact the above people to verify references.

Your signature _____ Date _____

MAILING INFORMATION

I would prefer all my correspondence to go to Business Address Home Address

*****OFFICE USE ONLY*****

Date of Interview _____

Notes: