





# Volunteer Application Form

Please Print Clearly

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

How did you hear about us? \_\_\_\_\_

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

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

\_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

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

Educational Background: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies, Skills, Interests: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

Dates Preferred: \_\_\_\_\_

### Capacity of Volunteering:

- Working with seniors one-on-one
- Working with seniors in activity programs
- Working with seniors with Care Department
- Other (please specify)

- Times Preferred:
- |                                  |                                    |                                  |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> School  | <input type="checkbox"/> Weekends  | <input type="checkbox"/> After   |
| <input type="checkbox"/> Anytime |                                    |                                  |

### Time Commitment to Volunteering:

- 3 Months  6 Months  Other \_\_\_\_\_ Do

you have any special abilities or limitations that may limit your ability to perform certain types of work?

- No
- Yes (please specify)

If you are volunteering as a requirement, please describe which organization the requirements are for and how many hours are needed to fulfill the requirements:

Organization: \_\_\_\_\_

Hours Required: \_\_\_\_\_

**Parental Consent:** Applicable to applicants under 19 years of age.

In order for your child to become a volunteer with us we require your consent and involvement in helping them to have a productive experience. Please read and sign this form if you would like your child to be considered for a volunteer position.

Name of Youth Volunteer: \_\_\_\_\_

Anticipated days and number of hours per week: (i.e. Saturday or Sunday 2 – 3 hours)

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

Description of anticipated volunteer work: (i.e. playing cards, assisting in recreation activities)

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

Expected duration of volunteer work: \_\_\_\_\_  
(i.e. 3 months / ongoing)

Consent:

- I understand that my child named above wishes to be considered for volunteer work at Dania Home Society / Dania Society and I hereby give my permission for them to serve in that capacity, if accepted by the agency.
- I understand that they will be provided with orientation and training necessary for the safe responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures.
- I understand that they will not receive monetary compensation for their services.

Responsible Party: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Name: Please Print)

Relationship to Youth: \_\_\_\_\_ Date: \_\_\_\_\_

School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_