

**Volunteer Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Congregation \_\_\_\_\_

Special Skills \_\_\_\_\_

Availability Day \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_

Special Considerations \_\_\_\_\_

Please circle the areas of volunteer service in which you are willing to participate:

Transportation

Supportive Visitation

Grocery Shopping

Minor Home repairs

Respite Care for caregivers

Telephone Reassurance

Correspondence/Banking

Other

Signature \_\_\_\_\_

Date \_\_\_\_\_