Note: Criminal background checks are done periodically on all volunteers. A felony conviction will exclude an applicant from consideration or terminate service.

Assisi House

Volunteer Services

Volunteer Application Form

Name:	Today's Date:		e:
Address:			
Home Phone:	Cell:	Worl	k:
Date of Birth:			
Can I contact you via:text _	email		
EMERGENCY NOTIFICATION:	;		
Person to contact in case of e	emergency:		
Relationship to that person: _			
Phone number of emergency			
Physical Limitations: No	Yes	(If yes, please explain	briefly)
GETTING TO KNOW YOU: Do you have a valid driver's li Education:			
Current Employment: (if retir			
Volunteer Experience:			
What caused you to be intere	ested in volunt	eering at the Assisi H	ouse?
List any special skills/hobbies	s/interests:		
How did you hear about our was a church Bulletin/Memb	, ,		end Other
Have you ever been convicted	d of a felony? I	No Yes	

	FOR SERVICE:
Participate in Outing	s Write Letters
Assist in Dining Roon	n Assist with Feeding Assist with Activitie
Assist with Walking	Visit with Residents
Assist with Crafts	Help in Physical Therapy
	Mon. Tues. Wed. Thur. Fri. Sat.
Three References:	
Name:	Phone #:
Name:	Phone #:
Name:	Phone #:
Signature	Date Thank You for Volunteering at Assisi House!
	Thank You for Volunteering
For office u	Thank You for Volunteering at Assisi House!
For office of the state of the	Thank You for Volunteering at Assisi House! use only - PLEASE DO NOT WRITE BELOW THIS LINE:
For office of the state of the	Thank You for Volunteering at Assisi House! use only - PLEASE DO NOT WRITE BELOW THIS LINE: Volunteer Starting Date: Orientation Date:
Interview Date: Interviewer: Placement:	Thank You for Volunteering at Assisi House! use only - PLEASE DO NOT WRITE BELOW THIS LINE: Volunteer Starting Date: Orientation Date:
For office of the state of the	Thank You for Volunteering at Assisi House! use only - PLEASE DO NOT WRITE BELOW THIS LINE: Volunteer Starting Date: Orientation Date:
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