Porter Hills VOLUNTEER APPLICATION

Name:					
Address:					
City, State, Zip:					
Phone #:	Email:				
Date of Birth://					
Emergency Contact:					
Name:	Relationship:				
Address:					
Phone #:					
General Information Education: ☐ Currently In School	☐ Currently in college ☐ Not Currently in School				
If you work – Name of Employer: May we contact employer: 					
Are you currently volunteering or have you	u volunteered previously: ☐ Yes ☐ No				
Name of Business:	Dates of volunteering: May we contact businesses: ☐ Yes ☐ No				
Background Verification – A background cr	riminal history check must be performed for all volunteers				
Have you ever been convicted of a criminal	l offense? ☐ Yes ☐ No				
Have you ever been charged with neglect, a	abuse or assault? ☐ Yes ☐ No				
Do you have any physical limitations or are ability to perform certain types of voluntee	e you under any course of treatment which might limit your ering?				
References: Please list two <u>non</u> -family references whom	m we might contact:				
Name	Phone				
Name	 Phone				

Please list in	nterests, hob	bies or skills yc	ou have that a	are relevant t	o working wi	th the elderly	<i>r</i> :
Other:	☐ Clerica	I	l Computer				
<u>Availability</u>							
How often	do you wish t	o volunteer:					
•	•	sted in volunte	• • •		only, weekly,	monthly, inc	lefinitely,
When are y	ou available t	to work?					
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							
☐ Errands Transportat	☐ Visitin tion: ☐ Yes 〔	when volunteng	vities vill require add	☐ Other: ditional train	ing and orien	tation)	
		Porter Hills?: _					
information application,	may disqualify and I release s	ormation provice me for volunte tated persons o suitability as a v	er work. I auth r organizations	norize investig	ation of the in	formation con	tained in this
Signature of Volunteer		Da	te				
Parent's Signature*			Date				

Skills/Interests

^{*} Under 16 – must have parent/guardian supervision during volunteer hours.