



Volunteer Application

Confidential Data

Thank you for your interest

Personal Information:

Application Date: _____ Date of Birth: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Home Information:

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Fax # (_____) _____ Email Address: _____

Work Information:

Retired: Yes No

Occupation: _____ Employer: _____

Address: _____ Ste. #: _____

City: _____ State: _____ Zip: _____

General Line: (_____) _____ Direct Line or Extension: (_____) _____

Fax #: (_____) _____ Email Address: _____

Contact Preference *(Please check all that apply):*

Email Phone: Home Work

Education *(Please check highest level completed):*

High School Bachelor Masters Advanced Other: _____

In which languages are you proficient?

Primary: _____ Secondary: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Emergency Phone 1: (_____) _____ Emergency Phone 2: (_____) _____

AVAILABILITY (Please check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Holiday

INTEREST:

I am interested in volunteering for the following (Please check all that apply):

Companionship

___ Visitor (Ongoing)

Friendship and Flowers

- ___ Baking
- ___ Pen Friend
- ___ Phone Companion
- ___ Visitor (1 Saturday a month)

Social Activities Volunteer

- ___ Driver
- ___ On-Site Assistance
- ___ Entertainment
- ___ Baking

Counselor

- ___ Peer Counselor (Age 55+)
- ___ Professional Counselor

Office Work

- ___ Data Entry
- ___ Internet Research
- ___ Mailings
- ___ Projects/Filing
- ___ Receptionist
- ___ Phoning (Clients/Volunteers)

Therapist

- ___ Massage Therapy
- ___ Music Therapy
- ___ Pet Therapy

Holiday Celebrations

- ___ Baking
- ___ Driver
- ___ Entertainment
- ___ Meal Delivery
- ___ On-Site Assistance
- ___ Pre-Holiday Preparation

Other

- ___ Building Maint./ Yard Work
- ___ Interpreter

SPECIAL SKILLS

Please share any special skills/talents that you would like to share in your volunteer work with an older adult (i.e. Art Therapy, Translating, Plumbing, Teach a class, Carpentry, Gardening, Music, Painting, Furnace/Insulation etc.): _____

Name of Company, if Group: _____ Primary Contact: _____

Telephone: (____) _____ Email: _____

Number of volunteers? _____

Applying for an Internship? (Please check) Yes No **Semester:** Fall Spring Summer

Educational Institution: _____ Contact Name: _____

Telephone: (____) _____ Email: _____

REFERRAL:

How did you hear about LBFE? (Please specify)

Friend/Relative/Co-worker: _____ Newspaper Advertisement: _____

Church Ad. or Bulletin: _____ Radio Advertisement: _____

Website: _____ Other (please list): _____

REFERENCES:

Please give two **professional** (i.e. supervisor, co-worker, clergy, etc.) and one **personal** (non-family) reference who have known you for at least **two** years:

1. Name: _____ Relationship: _____

Day Phone #: (____) _____ Evening Phone #: (____) _____

Email: _____

2. Name: _____ Relationship: _____

Day Phone #: (____) _____ Evening Phone #: (____) _____

Email: _____

3. Name: _____ Relationship: _____

Day Phone #: (____) _____ Evening Phone #: (____) _____

Email: _____

Please use this space to explain any incidents that will show up during your background check (If applicable):

Please help us develop an accurate profile of our volunteers. This information is **optional** and will be used only for statistical analysis and funding purposes. It will **not** be a consideration for volunteer placement (Please check one).

Ethnicity: Black or African American Asian White Hispanic/Latino Native American

Native Hawaiian or Pacific Islander Multi-Ethnic Other Please Specify: _____

Gender: _____