



## Volunteer Application

Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

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

Emergency Contact Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Please list any medications you are taking or any allergies you have: \_\_\_\_\_

\_\_\_\_\_

Please answer the following questions:

1. Do you have any condition or illness that affects the type of work you may do? If so, please describe.
  
  
  
  
  
  
  
  
  
  
2. Describe any previous volunteer work you have done. What type of volunteer work are you interested in?



3. What are your hobbies, interests and special skills?
  
  
  
  
  
  
  
  
  
  
4. Please list any community/civic organizations/clubs you have been or are currently involved in.
  
  
  
  
  
  
  
  
  
  
5. Thelma's Place is currently open on Mondays, Tuesdays, Wednesdays and Thursdays. Which days are you able to volunteer?
  
  
  
  
  
  
  
  
  
  
6. Do you have dependable transportation?
  
  
  
  
  
  
  
  
  
  
7. How did you hear about Thelma's Place and why are you interested in volunteering with us?

I understand that Thelma's Place and/or its representative may run a background check and I authorize them to do so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date