

Mary's House Volunteer Application

Date: _____
Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Business Address: _____
City: _____
State: _____
Zip Code: _____
Business Phone: _____
Email: _____
Age: _____ if under 21 D.O.B. _____

Previous volunteer experience: _____

Hobbies, special talents or skills: _____

Community Affiliations: _____

Volunteer Work Objectives (check all that apply)

Learn new skills meet and work with people explore careers
Help my community use existing skills fun and relaxation
Other _____

Availability – Days and Hours

Mon Tue Wed Thurs Fri Sat/Sun

Morning _____

Afternoon _____

Evening _____

Volunteer Opportunities (check all that apply)

<u>Child Care</u>	<u>Time Available</u>	<u>Maintaince</u>
Sun	_____	Minor Household repair
Mon	_____	minor sewing
Tue	_____	Mowing grass
Wed	_____	Planting & flowering
Thurs	_____	Watering foliage
Fri	_____	Painting
Sat	_____	
Other	_____	

Office and Administration

Serve on a committee or task force	Assist in filing
Help with special events	Computer, data entry
Work on audio and visual needs	Assist with fundraising
Answer phones	Assist with public relations
Other _____	

Transportation

Taking clients to recovery meetings
or outings in the community

How did you hear about Mary's House? _____

In case of emergency, notify? _____

Relationship: _____ Phone _____

Background Verification:

1. Have you ever been convicted of a criminal offense? _____
2. Have you ever been charged with neglect, abuse, or assault? _____
3. Has your driver's license ever been suspended or revoked in this state? _____
4. Do you use illegal drugs? _____
5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work _____

I attest that the above is accurate and true. I release Mary's House to conduct a national criminal record check on me.

Signature _____ Date _____

Personal References

Name	Address	Phone
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Name	Address	Phone
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