



Care and Community for Adults

Volunteer Application Form

Name: _____

Phone Number: _____ Cell Phone: _____

Address: _____

City/State/Zip: _____

Email: _____ DOB: _____

Best time to reach you: _____

Emergency contact: _____
Name Relationship Phone

How did you hear about Joy's House? _____

Previous work and volunteer experience: _____

Are you completing service hours? (If yes, please explain) Yes No

Specific skills, hobbies or talents you'd like to share: _____

For publicity purposes, can your name and photo be used? Yes No

Are you CPR or AED certified? (If yes, please send a copy of current cards) Yes No

Do you have any health diagnoses? (If yes, please explain) Yes No

Do you require any special accommodations? (If yes, please explain) Yes No

Have you been convicted of a felony or misdemeanor? (please explain) Yes No

I would prefer to work with (check all that apply):

- Guest Relations
- Admin support
- Fundraising events
- House operations
- Other: _____

Schedule preference:

- M T W TH F
- morning afternoon

Frequency:

- Daily Monthly
- Weekly Short-term
- Other: _____

Would you like to be on our mailing list? Yes

Reference: _____
Name

Relationship Phone

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Applicant Signature: _____

Date: _____

OFFICE USE ONLY

What tasks did this volunteer perform?

Other:

