



WELLNESS CONNECTIONS

VOLUNTEER APPLICATION

I. Contact Information: Date: _____

Name: _____ Phone#: _____

Address: _____

Email: _____

Emergency Contact: _____

II. Availability:

I am interested in volunteering _____ #hrs per week, or _____ #hrs per month

At (check one): Douglas Safford Sierra Vista Mobile

Please check all that apply:

Best days are: M T W Th F Sat

Best times are: Mornings Afternoons Eves

III. Please check the following areas of volunteer work you are interested in:

___ General office (greeting visitors, filing, phone calls, copying, folding pamphlet, etc.s)

___ Computer-related projects ___ Newsletter

___ Community outreach & awareness ___ Research Topics for Groups

___ Fundraising ___ Center Maintenance

___ Maintain Resource Library ___ Lead Group or Activity: _____

___ Advocacy

___ Meal Prep and Kitchen Help

___ Other: _____

___ Help with Outings

IV. Getting to know you better:

Please tell us about your interests, hobbies, special experience/skills, or anything else you would like us to know about you:

V. Special Needs, Requests for Accommodations:

VI. Allergies or other pertinent medical information you want us to be aware of:

VII. How did you learn about our Volunteer Program?

OFFICE USE ONLY:

Reviewed and signed Confidentiality Agreement on ____/____/____

Orientation completed on: ____/____/____ Was a copy of Policies & Procedures provided? ____

Conducted by: _____ Title: _____

Comments: _____