

VOLUNTEER APPLICATION

1. Name _____ Date _____

2. Address _____ City _____ Zip _____

3. Phone _____ Cell Phone _____ E-mail _____

4. Present Occupation _____ Employer _____

Work Phone _____ N/A: ___ Retired ___ Homemaker ___ Other _____

5. Please describe any previous volunteer experiences ___ N/A _____

6. Have you ever been convicted of a crime? ___ No ___ Yes If yes, describe in full _____

7. What are your favorite hobbies or pastimes? _____

8. Check your initial interest(s) in volunteering with Abraham House:

___ Physical care (bedside surrogate caregiver)

___ Emotional support for our guests and their family (provide companionship/listening, readings, etc.)

___ Household needs (cleaning, laundry, cooking, groceries, maintenance/small repairs,)

___ Office support (answering phones, typing, computer, filing, copying, mailings, etc.)

___ Fundraising (manning tables, being on fundraising committees, helping with set up/take down)

9. Do you have any health problems or physical limitations which would restrict the work you can do (e.g. back problems, etc)? ___ No If yes, please explain: _____

10. What days and what time of the day or night are you available? _____

12. How did you hear about the Abraham House? ___ Newspaper ___ Church Bulletin ___ Other _____

Signature

Date

Thank you for your interest in Abraham House and taking the time to fill out this application.

Revised as of 07/25/2014

