

**FORT HEALTHCARE - APPLICATION FOR VOLUNTEER SERVICES**

**I. GENERAL INFORMATION**

Name \_\_\_\_\_ Birthday: \_\_\_\_\_  
                    First                      M.I.                      Last

Address \_\_\_\_\_  
                    Street    City    Zip

Contact Info. \_\_\_\_\_  
                    Main Phone #                      Business Phone                      2<sup>nd</sup> Phone #                      e-mail

In an emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
                    Main Phone #                      Business Phone                      2<sup>nd</sup> Phone#                      e-mail

**II. BACKGROUND**

Education and/or special training \_\_\_\_\_

Work experience \_\_\_\_\_

Volunteer experience \_\_\_\_\_

Foreign languages (speak, read or write) \_\_\_\_\_

Physical limitations \_\_\_\_\_

**III. VOLUNTEER SERVICES. Check all areas that you might be interested in. An \* means credentials required.**

- |   |   |                                   |                                       |
|---|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Patient Escort           | <input type="checkbox"/> Cookie Sales                           | <input type="checkbox"/> Careline | <input type="checkbox"/> *Internship  |
| <input type="checkbox"/> Gift Shop                | <input type="checkbox"/> Tele-Care                              | <input type="checkbox"/> Other    | <input type="checkbox"/> *Job Coach   |
| <input type="checkbox"/> Mail Delivery            | <input type="checkbox"/> Laundry Service                        |                                   | <input type="checkbox"/> *Work Study  |
| <input type="checkbox"/> Clerical/Dept. Assistant | <input type="checkbox"/> Ambulatory Services Assistant          |                                   | <input type="checkbox"/> *Pet Therapy |
| <input type="checkbox"/> Hospitality Cart         | <input type="checkbox"/> Needlework (Crochet, knitting, Sewing) |                                   |                                       |
| <input type="checkbox"/> Wheelchair Maintenance   | <input type="checkbox"/> Supply Delivery                        |                                   |                                       |

**IV. OTHER INTERESTS**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Arts & Crafts  | <input type="checkbox"/> Photography           | <input type="checkbox"/> Computers           | <input type="checkbox"/> Writing         |
| <input type="checkbox"/> Health Careers | <input type="checkbox"/> Finance               | <input type="checkbox"/> Leadership          | <input type="checkbox"/> Teaching        |
| <input type="checkbox"/> Music          | <input type="checkbox"/> Printing, Calligraphy | <input type="checkbox"/> Program Development | <input type="checkbox"/> Public Speaking |

**V. AVAILABILITY. Check days, times that you ARE AVAILABLE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morn.	_____	_____	_____	_____	_____	_____	_____
Aft.	_____	_____	_____	_____	_____	_____	_____
Eve.	_____	_____	_____	_____	_____	_____	_____

How did you learn about our volunteer opportunities? \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_