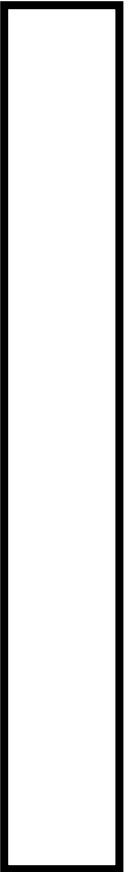


# Our House Volunteer Application



Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Email \_\_\_\_\_

Time you are available for volunteer work \_\_\_\_\_

Hours per week \_\_\_\_\_ Regularly? \_\_\_\_\_ yes \_\_\_\_\_ no

Days you prefer: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

How did you hear about Our House? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What kinds of work would you like to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from this experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your leisure interests, hobbies, or avocations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Where did you grow up? \_\_\_\_\_ Go to school? \_\_\_\_\_

Have you traveled? \_\_\_\_\_ Where? \_\_\_\_\_

Do you understand or speak a language other than English? \_\_\_\_\_ Which? \_\_\_\_\_

Health status \_\_\_\_\_ Any limitations? (please specify) \_\_\_\_\_

Present occupation \_\_\_\_\_

Past work experience

Past volunteer experience

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Please list two persons with phone numbers whom we may contact to assist in best matching your skills and experience with the needs of Our House residents

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Person to contact in case of emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_