



Volunteer Application (Please Print)

Personal Information

LAST NAME	MIDDLE	FIRST NAME
ADDRESS		CITY/STATE/ZIP CODE
DATE OF BIRTH	SSN	PHONE NUMBER
EMPLOYED (if employed)		EMAIL

Preferred Method of Contact (please circle one):

Phone Number

Email

Please tell us about yourself

How did you hear about Amity? _____

Are you currently enrolled in school? (circle one) Yes No N/A

If **YES** please list the name of the institution you are currently enrolled in along with your major/minor?

What are your skills, talents, interest and hobbies? Tell us in which areas you are interested in Volunteering?

- | | | |
|---|---|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Computer Expertise | <input type="checkbox"/> Baking/Cooking |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Visiting Patients | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Emailing | <input type="checkbox"/> Reading to Others | <input type="checkbox"/> Art Work |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Child Care | <input type="checkbox"/> Hair Care |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Lawn Care |

List other interest: _____

Background Information

Please list any foreign languages you speak (if any): _____

Please list any healthcare experience you have (if any): _____

Do you have any access to an automobile?

Yes

No

Do you have a driver's license?

Yes

No

Do you have liability insurance on your vehicle?

Yes

No

Do you have any physical restrictions that may affect your volunteer placement?

Yes

No

If yes please explain: _____

Do you have volunteer experience?

Yes

No

If yes please explain: _____

Availability I am available (circle all that apply)

Mornings

Afternoons

Weekdays

Weekends

Please List Two References (please do not include relatives), must be at least 2.

Reference: 1

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL

Reference: 2

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP CODE
