

Fairview Haven

Volunteer Application

CONTACT INFORMATION

First Name: _____ MI. _____ Last Name: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

E-Mail Address: _____

Birthday: _____

Emergency Contact: _____ Relationship to you: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

How did you hear about Fairview Haven? _____

EDUCATION AND EMPLOYMENT

Education

	Name of School, City, State	Level Completed	Current Major or Degree
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High School: _____	_____	1 2 3 4	_____
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College: _____	_____	1 2 3 4	_____
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Graduate School: _____	_____	_____	_____
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If your volunteer service is for school credit, please fill out the following section:

School's Name: _____ Course Title: _____

Address: _____

Contact's Name: _____ Phone Number: _____

Requirement: _____

If you are 17 or under, your parent or guardian must give their consent:

I, (please print) _____, give my consent for my child to participate in the volunteer program at Fairview Haven.

Parent/Guardian Signature: _____

Employment

Current place of employment: _____

Position: _____ How long have you worked there? _____

What are your regular work hours? _____

EXPERIENCE, INTERESTS, SKILLS, MOTIVATIONS & AVAILABILITY

Volunteer experience: _____

Hobbies & interests: _____

Skills & abilities: (musical, clerical, computer, etc.) _____

Do you speak, read or write another language? _____ If yes, which? _____

Why do you want to volunteer? _____

What do you hope to take from your volunteer experience? _____

What do you hope to contribute by volunteering? _____

What type of volunteer work would you be willing to do? (Please prioritize your choices 1-12.)

- | | |
|--|---|
| <input type="checkbox"/> Activities Assistant | <input type="checkbox"/> Outing Assistant |
| <input type="checkbox"/> Anything~I'm very flexible! | <input type="checkbox"/> Pet Visits |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Reading to the Visually Impaired |
| <input type="checkbox"/> Clerical/ Computer | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Dining Room Beverage Server | <input type="checkbox"/> Transport Assistant |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> OTHER~Please list: |
| <input type="checkbox"/> One on One Visits | _____ |

When are you available to volunteer?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

AGREEMENT

I understand that if accepted as a volunteer:

- I voluntarily offer my services with an understanding there will be no monetary compensation.
- I agree to conform to all policies, procedures and regulations.
- I will satisfy any health screening requirements.
- If requested, I will submit references and/or appropriate school documentation.
- I certify that the information contained in this application is correct to the best of my knowledge.

Signature: _____ Date: _____