

# Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Phone: (mobile, home, work) \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone)

## Availability

Which Days can you volunteer? (Sun,-Sat.): \_\_\_\_\_

Which Shift works best for you? (Morning, Afternoon, Evening, All): \_\_\_\_\_

How long are you planning to volunteer? (ex: 1 year, indefinitely): \_\_\_\_\_

## Additional Information:

Volunteer Experience: 1. \_\_\_\_\_

2. \_\_\_\_\_

Work Experience: 1. \_\_\_\_\_

2. \_\_\_\_\_

List any special interests, skills or hobbies:

\_\_\_\_\_

Do you speak any foreign Languages? If so, which one? \_\_\_\_\_

**Have you ever been convicted of a crime other than a traffic violation? Yes  No**

**If yes, please explain:** \_\_\_\_\_

**(Court Appointed Hours may not be completed at Gabriel House of Care)**

How did you hear about us? \_\_\_\_\_

**References** (Please list three references, including their contact information.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Why do you want to volunteer here?** (Please go into detail)

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**I certify that all the information provided in this application is correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_