

The Carmel Foundation Volunteer Application

Thank you for your interest in volunteering at the Foundation! The information on this form will help us find the most satisfying and appropriate volunteer service for you. Your cooperation in completing this form is most appreciated.

Name: _____ Date: _____

Address: _____ Phone: _____

_____ Cell: _____

Email: _____

Special skills, training, hobbies, interests: _____

Previous/current work experience: _____

Previous/current volunteer positions: _____

PREFERRED VOLUNTEER POSITION(s)

Check all that apply

_____ Checks & Balances

_____ Librarian

_____ Computer Center

_____ Newsletter Mailing

_____ Homebound Meal Delivery

_____ Luncheon Host(ess)/Cashier

_____ Friendly Visitor

_____ Receptionist

_____ Class Instructor

_____ Wednesday Tea Host(ess)

_____ Garden Group

_____ Musician

_____ Tour Host(ess)

_____ Other: _____

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EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____ Phone: _____
_____ Cell: _____
Email: _____

REFERENCES

(Friendly Visitor, Checks & Balances, Homebound Meal Delivery)

Name	Address	Phone	Years Known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT OF CONFIDENTIALITY

I agree to keep confidential any information about individuals, obtained by me, in my capacity as a volunteer of The Carmel Foundation.

BACKGROUND CHECK

Once selected for a position, all volunteers of The Carmel Foundation are required to complete a background check. Please see Kathy Spake for details.

Signature

Date

FOR OFFICE USE ONLY

_____ Sent to Jill

_____ Raiser's Edge