

# THE CARMEL FOUNDATION VOLUNTEER APPLICATION

The information on this form will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing it is most appreciated.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Car: \_\_\_\_\_

Educational Level (Optional) \_\_\_\_\_

Licenses, Certificates: \_\_\_\_\_

Special skills, training, Hobbies, interests:

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

Previous/current work experience: \_\_\_\_\_

\_\_\_\_\_

Describe previous /present volunteering experiences?

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

How did you hear of The Carmel Foundation Volunteering?

\_\_\_\_\_

## Volunteer work preferred:

- |   |   |
|---|---|
| <input type="checkbox"/> Checks and Balances              | <input type="checkbox"/> Librarian        |
| <input type="checkbox"/> Computer Center                  | <input type="checkbox"/> Luncheon Cashier |
| <input type="checkbox"/> Deliver Meals for Homebound      | <input type="checkbox"/> Luncheon Hostess |
| <input type="checkbox"/> Errands for Homebound            | <input type="checkbox"/> Receptionist     |
| <input type="checkbox"/> Friendly Companion/Visitor       | <input type="checkbox"/> Tea Host (ess)   |
| <input type="checkbox"/> Teaching or helping with a class | <input type="checkbox"/> Musician         |
| <input type="checkbox"/> Other _____                      |   |

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

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

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Signature \_\_\_\_\_

**REFERENCES**

(Friendly, Checks & Balances)

Plases list a minimum of two (2) personal or professional references who have known you for one year or longer.

Name	Address	Phone	# Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THE CARMEL FOUNDATION  
STATEMENT OF CONFIDENTIALITY**

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

\_\_\_\_\_  
Signature of Volunteer \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_  
Date

Interviewed by: \_\_\_\_\_ \_\_\_\_\_  
Date

Program (s) Assigned \_\_\_\_\_