



Clare House, Inc. Volunteer Application

Basic/Contact Information	
Name	Date of Birth: ____/____/____
Street Address	
City, State, Zip Code	
Phone Number	
E-mail Address	
Please check your preferred method of contact: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone Number	

Availability
During which hours are you available for volunteer assignments?
___ Weekday mornings: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
___ Weekday afternoons: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
___ Weekday evenings: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
I want to volunteer at Clare House: <input type="checkbox"/> During Summers <input type="checkbox"/> Year-Round <input type="checkbox"/> For a Project
If for a Project, please list the length of the project and expected end date:
Length: _____ Hours Expected Start Date: ____/____/____ Expected End Date: ____/____/____

Interests	
Please tell us in which areas you are interested in volunteering (you may check more than one):	
___ Administration/Clerical	___ Gardening/Yard Work/Outdoor Clean-Up
___ Babysitting	___ Life Skills Presentation**
___ Cleaning/Room Prep	___ Maintenance/Home Improvement
___ Donation Sorting & Organization/Inventory	___ Newsletter/Bulk Mail Preparation
___ Donation Drive/ Collection of Wishlist Items	___ Special Events

** (this involves sharing knowledge with the residents...anything from interview skills, to cooking, to health issues – call for more information)

Previous Volunteer Experience
Please summarize any previous volunteer experience.



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Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Personal or Professional References

Name	
Street Address	
City, State, Zip Code	
Phone Number	
Name	
Street Address	
City, State, Zip Code	
Phone Number	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Phone Number	
E-mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	___/___/___

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. Please return completed forms to: info@clarehouse Lancaster.org



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Staff Use Only			
Referral Source			
Staff Signature		Date Received	____/____/____
Comments:			