

ALTENHEIM
18627 SHURMER ROAD
STRONGSVILLE, OHIO 44136

VOLUNTEER APPLICATION FORM

NAME: _____
(Last) (First)

HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____

BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____

BIRTH DATE: _____ MARITAL STATUS: _____

NUMBER OF CHILDREN AT HOME: _____ (Give ages): _____

****IN CASE OF EMERGENCY:****
CONTACT: _____
PHONE NUMBER/RELATIONSHIP _____

CURRENT OCCUPATION _____

PREVIOUS WORK EXPERIENCE (include dates): _____

PREVIOUS VOLUNTEER SERVICE (include dates): _____

VOLUNTEER WORK DESIRED: _____

HOBBIES, SKILLS, SPECIAL INTERESTS: _____

COMMUNITY GROUP AFFILIATIONS (clubs, councils, committees, church, etc.): _____

DAYS PREFERRED TO VOLUNTEER: M - T - W - TH - F - SAT - SUN
(circle days available)

HOURS PREFERRED: _____

WOULD YOU CONSIDER VOLUNTEERING FOR SPECIAL EVENTS? _____

DO YOU SPEAK ANY FOREIGN LANGUAGES (if so, what language)? _____

DO YOU HAVE ANY PHYSICAL HANDICAPS OR LIMITATIONS? _____

SIGNATURE: _____ DATE: _____

ACTIVITIES DIRECTOR COMMENTS: _____

SIGNATURE: _____