

**FRANNIE PEABODY CENTER
VOLUNTEER INTERVIEW APPLICATION**

NAME: _____ HOME PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ WORK: _____

CAN WE LEAVE A PHONE MESSAGE @ WORK: _____ HOME: _____

WHAT ARE YOUR INTERESTS? (PLEASE CHECK ALL THAT APPLY)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> ADMINISTRATIVE ASSISTANCE | <input type="checkbox"/> MOVERS | <input type="checkbox"/> EVENT WORK |
| <input type="checkbox"/> CLIENT CARE VOLUNTEERS | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> HOUSEKEEPING |
| <input type="checkbox"/> COOKS | <input type="checkbox"/> FOOD PANTRY | |
| <input type="checkbox"/> GARDENING | <input type="checkbox"/> IMMEDIATE SEATING | |
| <input type="checkbox"/> OTHER SPECIAL INTERESTS: _____ | | |

DO YOU HAVE ANY DEGREES, LICENSES, OR CLINICAL CERTIFICATION THAT MAY BE USED IN YOUR VOLUNTEER EXPERIENCE? IF SO PLEASE LIST:

THE FRANNIE PEABODY CENTER HAS A SATELLITE OFFICE IN YORK COUNTY, DO YOU WISH TO BE CONSIDERED FOR A POSITION WITH THIS OFFICE? YES NO (CIRCLE)

ARE YOU INTERESTED IN VOLUNTEERING ON A WEEKLY, MONTHLY, OR PROJECT BASIS? (CIRCLE)

Availability	MON	TUES	WED	THURS	FRI	SAT	SUN
9am-1pm							
1pm-5pm							
After 5pm							

WHAT PREVIOUS VOLUNTEER EXPERIENCES DO YOU HAVE?

DRIVER'S LICENSE #: _____ INSURANCE COMPANY: _____
POLICY #: _____ AGENT: _____
PHONE: _____

DO YOU HAVE A HISTORY OF CRIMINAL CONVICTION? YES NO (CIRCLE)
IF YES, OFFENSE/DATE:

REFERENCES WE MAY CONTACT WITH YOUR PERMISSION:

NAME: _____	ADDRESS: _____
OCCUPATION: _____	PHONE: _____
NAME: _____	ADDRESS: _____
OCCUPATION: _____	PHONE: _____

ARE THERE ANY PRECAUTIONS REGARDING YOUR HEALTH OF WHICH WE SHOULD BE MADE AWARE? _____

IN CASE OF EMERGENCY WE SHOULD CONTACT:

NAME: _____ PHONE: _____

THE INDIVIDUAL'S RELATIONSHIP TO YOU: _____

DO YOU HAVE AN E-MAIL ADDRESS WE MAY USE TO CONTACT YOU?

SIGNATURE: _____ DATE: _____