



Felician Village

VOLUNTEER APPLICATION

INDIVIDUAL INFORMATION

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City/State/Zip: _____
 E-mail Address: _____
 Birth Date: _____ Social Security #: _____

Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____

Have you ever been convicted of a crime? YES NO If yes, when? _____
 Offense: _____

(A criminal record does not constitute an automatic bar to volunteering and will be considered only as it related to the job in question)

Have you ever been convicted of an offence which involved abusing, neglecting, or mistreating individuals?
 Yes _____ No _____

If yes, please explain:

PERSONAL OR PROFESSIONAL REFERENCES *(Please list three [3] – no relatives)*

Name: _____ How long known: _____
 Address: _____ Phone: _____
 Relationship: _____

Name: _____ How long known: _____
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 Relationship: _____

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 Address: _____ Phone: _____
 Relationship: _____

VOLUNTEER EXPERIENCE

Organization

Type of Work

Dates of Service

VOLUNTEER PREFERENCES

1. How did you first learn about the Volunteer Program at Felician Village?

2. What times/days do you prefer to volunteer? _____

3. Briefly explain why you wish to volunteer at Felician Village and what you hope to gain from your experience.

4. Present or previous occupation: _____

5. Special skills or training: _____

6. Do you speak or read a foreign language? YES _____ NO _____ Please specify: _____

I, the undersigned verify that the information in this form is true and correct to the best of my knowledge. I also hold harmless Felician Village and employees from any and all liability resulting from any personal injury received during the course of my volunteer activities. Felician Village has my permission to use my name, quotes, or photo for publicity purposes.

Please sign before returning form!

Volunteer's Signature: _____ Date: _____

Parent's Signature (if minor): _____ Date: _____

VOLUNTEER HELP THAT IS NEEDED AT FELICIAN VILLAGE *(check what you would be interested in)*

<input type="checkbox"/> Transporting	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Stuffing envelopes	<input type="checkbox"/> Coffee Shop
<input type="checkbox"/> One-on-one visits	<input type="checkbox"/> Bistro
<input type="checkbox"/> Assisting in group activities	<input type="checkbox"/> Bingo
<input type="checkbox"/> Helping with larger events	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Assisting with bowling	

SKILLS / INTERESTS *(Limit to five [5] categories)*

<input type="checkbox"/> Animals	<input type="checkbox"/> Mechanical Skills
<input type="checkbox"/> Antiques	<input type="checkbox"/> Music
<input type="checkbox"/> Art/Drawing	<input type="checkbox"/> Outdoor Activities
<input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Photography
<input type="checkbox"/> Cards & Games	<input type="checkbox"/> Quilting
<input type="checkbox"/> Carpentry Skills	<input type="checkbox"/> Reading to Others
<input type="checkbox"/> Cashier	<input type="checkbox"/> Sewing
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Singing
<input type="checkbox"/> Collectibles	<input type="checkbox"/> Sports
<input type="checkbox"/> Computers	<input type="checkbox"/> Theater
<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Dancing	<input type="checkbox"/> Writing
<input type="checkbox"/> Entertaining	<input type="checkbox"/> Yard Work
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Gardening	<input type="checkbox"/> Instructor
<input type="checkbox"/> History	<input type="checkbox"/> Knitting/Crocheting