



Volunteer Application

Personal information:

Name: _____ Phone (H): _____ (W): _____

Address: _____ Email: _____

_____ Faith group affiliation: _____

Date of birth: _____ Occupation: _____

How did you learn about *Brave Heart Volunteers*? _____

Volunteer options - please check all areas you are willing to help with:

- | | | |
|---|--|---|
| <input type="checkbox"/> Companionship visits | <input type="checkbox"/> Yard work | <input type="checkbox"/> General office help |
| <input type="checkbox"/> Writing letters/reading | <input type="checkbox"/> Light housework | <input type="checkbox"/> Office correspondence |
| <input type="checkbox"/> Shopping/errands | <input type="checkbox"/> Minor home repairs | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Simple meal preparation | <input type="checkbox"/> Sewing or crafts | <input type="checkbox"/> Help with publicity |
| <input type="checkbox"/> Playing cards or games | <input type="checkbox"/> Telephone Visiting | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Respite care (for caregiver) | <input type="checkbox"/> Hospice care | <input type="checkbox"/> Program mailing projects |
| <input type="checkbox"/> Transport to appointment | <input type="checkbox"/> Bereavement Support | <input type="checkbox"/> Other _____ |

Placement preference: I can volunteer visit:

as needed twice a week once a week twice a month once a month

Below, please check the times you are available.

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

If available, are you willing to help on-call with short notice? yes no

Check one- I prefer: A short-term assignment An ongoing assignment Either one is ok

Matching information:

Please list your special interests, skills, activities, languages, studies, or hobbies,

Do you smoke? ___yes ___no Are you allergic to pets? ___yes ___no

List any special considerations or preferences for your visiting: (visit location, age, gender, smoker?)

What reservations, if any, do you have about volunteering with *Brave Heart Volunteers*?

Work Experience: If you have been employed in the last 5 years, please list the name and address of your present and previous employers.

Employer name, address, phone	Dates employed	Job title, duties

Screening information:

Have you ever been convicted for violation of any laws, traffic or otherwise? ___ yes ___ no

If yes, please explain: _____

Do you have any physical condition that may limit your volunteer activities? ___ yes ___ no

If yes, please describe: _____

Emergency contact:

Name: _____ Phone: _____ Relation: _____

References:

Please list two persons we may contact who are not family members and who have known you for at least one year. For example, you may include employers, teachers, religious leaders, or co-workers.

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

I hereby give my consent for the Brave Heart Volunteers to contact my references.

Signature of Applicant

Date 11/20/2015