



DATE _____

Volunteer Application Form

Name: Last _____ First _____

Birth date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Telephone# _____ Cell# _____

Email: _____

Driver License Number: _____

Emergency Contact:

Name: Last _____ First _____

Telephone# _____

Contact's relationship to you _____

How did you hear about Mary's Place by the Sea?

List any advanced degrees, certificates, or training you have completed:

School/Organization	Concentration	Completion Date
_____	_____	_____
_____	_____	_____

Employment Experience

List your most recent and/or most significant employment

Organization	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience

Organization	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

List two people who know you well that we may call

Name	Relationship	Contact Info
_____	_____	_____
_____	_____	_____

Are you licensed in your field? Y_____ N_____

If so, please bring your license or a copy with you.

Are you insured? Y _____ N_____

If so, please bring your insurance card for our records

Are you certified in CPR? Y _____ N_____

If so, please bring your card for our records.

May we make a copy of your driver's license? Y_____ N_____

Skills

Please check all that apply.

_____Cooking _____Cleaning _____Empathetic Listening

Additional skills, professional training, hobbies or talents that might apply to our program

Do you have any of the following technical skills? Please check all that apply.

_____Grant Writing _____PR Skills _____Bookkeeping

_____Information Technology _____Social Media Communication

Language Skills (other than English)

Language – Rate your ability to speak and understand (basic, intermediate, fluent)

Please describe any experience you've had working with cancer patients, if any:

Any additional information about yourself that you may want to share:

What hours are you available? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Weekdays 9 AM – 1 PM | <input type="checkbox"/> Weekends 9 AM – 1 PM |
| <input type="checkbox"/> Weekdays 1 PM – 5 PM | <input type="checkbox"/> Weekends 1 PM – 5 PM |
| <input type="checkbox"/> Weekdays 5 PM – 8 PM | <input type="checkbox"/> Weekends 5 PM – 8 PM |
| <input type="checkbox"/> Unpredictable hours | |

Signature _____ DATE _____

Print Name _____