



VOLUNTEER APPLICATION

Last Name:		First Name:		Middle Initial:	
Home Address:		Mailing Address:			
City:		Township:		State:	Zip:
Home Phone:		Cell Phone:			
Email Address:					
Emergency Contact Name:			Phone:		
Referral by:					
Currently, I am:	Employed		Un-employed/Student		Retired
How did you hear about us?	Friend		Newspaper		Radio
	Staff		Other		

I am interested in volunteering to:				
Make Phone Calls:		Volunteer Driver:		Reimburse-ment Requested
Meals on Wheels Driver:		Chores for Seniors:		
Coach Exercise Classes:		Yard work:		
Office duties:		Light Home Maintenance:		

Driver's License #		Car Insurance Co.			
Expiration Date:		Policy No.			

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state. I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer.

Signature:					
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