



VOLUNTEER APPLICATION

Date

Time

First Name

Last Name

Birthdate

Fingerprint Card/ID Card#

Card Expiration Date

Email Address

Address Line 1

Address Line 2

City

State

Zip Code

Cross Streets

Home Phone

Cell Phone

Work Phone

Have you had the COVID19 Vaccinations? If yes, which ones?

Education: # of years

Major/Degrees

Are you and/or a family member a Veteran? If yes, Who?

Are you bilingual? If yes, what languages do you speak?

Place of Employment

Occupation

Does your place of employment have a Volunteer Match Program? Yes No

What support services would you like to provide About Care Clients? You may check more than one service.

Business Help (Office Helper, Cell Phone Technical Support, IT Support)

Friendly Visits

Fundraising (Outreach Volunteer, Booth Events)

Minor Repairs (Household Tasks: Light Bulb Change, Air Filter Change, Yard Work)

Reassurance Calls (Wellness Check-up Calls, Friendly "Hello" Calls)

Respite

Shopping & Errands (Grocery Shopping Online, Picking Up Medications)

Transportation (Grocery Store, Medical Appointments, To/From Work)

Other Services (Gift Delivery, Mailing Gift Cards) If Other, please explain:

Volunteer Availability – Please check all that apply:

Monday: 8AM - Noon

Monday: Noon - 6PM

Monday: 6PM - 10PM

Tuesday: 8AM - Noon

Tuesday: Noon - 6PM

Tuesday: 6PM - 10PM

Wednesday: 8AM - Noon

Wednesday: Noon - 6PM

Wednesday: 6PM - 10PM

Thursday: 8AM - Noon

Thursday: Noon - 6PM

Thursday: 6PM - 10PM

Friday: 8AM - Noon

Friday: Noon - 6PM

Friday: 6PM - 10PM

Saturday: 8AM - Noon

Saturday: Noon - 6PM

Saturday: 6PM - 10PM

Sunday: 8AM-Noon

Sunday: Noon - 6PM

Sunday: 6PM - 10PM

Other: Please Describe...

Emergency Contact 1

Relationship to Volunteer

Emergency Contact 2

Relationship to Volunteer

Reference Contact 1

Reference Contact 2

How did you hear about our organization? Please check all that apply.

About Care Client

About Care Volunteer

About Care Website

Harkins Theater



VOLUNTEER APPLICATION

Family Member

Media (Paper, TV, Radio)

Social Media

Healthcare Facility

Other: Please explain:

Why Do you want to Volunteer for About Care?

Photo Release - I agree to allow About Care, Inc. to use my photograph while providing services for the organization. I acknowledge these pictures may be used for the About Care Website, Social Media, Newsletter, and Marketing Materials. Yes No

Driver's License #

Expiration Date

Insurance

Policy #

Expiration Date

Comments

I understand that by typing my name I am electronically signing this application.

Signature

Date
