

Agency Volunteer Application

Name: _____	Date: _____
Address: _____	Other name(s) used _____
City, State, ZIP: _____	Home Phone: _____
E-mail: _____	Other Phone: _____
Emergency Contact: _____	Phone: _____
Relationship: _____	
Education: 8 9 10 11 12	College: 1 2 3 4
Advanced Degree: _____	Occupation: _____
Employer: _____	
Address: _____	
Previous/Current Volunteer Service: _____ _____	
Specialized Training, Apprenticeships, Licenses, or Skills: _____ _____	
References: (Please list three people not related to you, whom we can contact as references)	
1) Name: _____	Title: _____
Address: _____	Phone: _____
2) Name: _____	Title: _____
Address: _____	Phone: _____
3) Name: _____	Title: _____
Address: _____	Phone: _____
Signature: _____	Date: _____
(over)	

Volunteer Skill Assessment

Every volunteer comes to Visiting Nurse Services with his or her own set of unique gifts, talents, and interests. To help us place you in the best location(s) within our agency, please complete the brief skills and interest assessment below.

1. Place a check next to the tasks which you enjoy doing, or would be willing to do:
 - a. Photocopying
 - b. Filing
 - c. Collating
 - d. Data Entry
 - e. Bulk Mail Preparation
 - f. Phone Receptionist
 - g. Flu Clinic Assistant
 - h. Special Events
 - i. Photography
 - j. Microsoft Office Skills
 - k. Web Page Design/ Maintenance
 - l. Hospice Volunteer

2. Please go back through the list and add a second check to any areas where you have prior experience.

3. Please check days and circle times you are available:

a. <input type="checkbox"/> Monday:	9	10	11	12	1	2	3	4	5
b. <input type="checkbox"/> Tuesday:	9	10	11	12	1	2	3	4	5
c. <input type="checkbox"/> Wednesday:	9	10	11	12	1	2	3	4	5
d. <input type="checkbox"/> Thursday:	9	10	11	12	1	2	3	4	5
e. <input type="checkbox"/> Friday:	9	10	11	12	1	2	3	4	5
f. <input type="checkbox"/> Saturday:	9	10	11	12	1	2	3	4	5

4. How many hours per week are you able to volunteer with us?
 - a. per week, or
 - b. per month, or
 - c. per year

5. Please briefly list any physical limitations that need to be considered when placing you in a work setting (e.g. standing for long periods of time, back injury, etc.)

