



# Caring Days Adult Day Care Volunteer Application

## **GENERAL INFORMATION**

Name

Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

Street Address/Apt or Suite # City State Zip + 4

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Area Code) (Area Code) (Area Code)

Best time to call: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## **EXPERIENCE**

Current occupation or Volunteer job: \_\_\_\_\_

Employer: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Additional Volunteer/Work Experience**

<b>Organization</b>	<b>Position</b>	<b>Dates</b>	<b>Telephone # With Area Code</b>

List any specialized skills/talents/interests:

\_\_\_\_\_

\_\_\_\_\_

Time(s) available to volunteer:  Mon.  Tues.  Wed.  Thurs.  Fri.

Morning  Afternoon

- Working with Clients  Other  
 Office/clerical work  
 Fundraising  
 Organize special event

**REFERENCES**

List Three (3) persons **not related to you** who have agreed to serve as references and can judge your qualifications to be a Caring Days volunteer. If you have previous volunteer experience in another organization, one of the references should be from that organization. If you have previously worked with older adults, one of your references should relate to that particular experience.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a licensed driver? rYes rNo State \_\_\_\_\_  
License # \_\_\_\_\_

Are you volunteering with a group? If yes, please indicate the group name.  
\_\_\_\_\_

Emergency Contact: Name, phone and relationship.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor, including DWI or DUI) other than a routine traffic violation? rYes rNo If yes, please give date, nature of offense and disposition  
\_\_\_\_\_

A criminal record will not necessarily bar an applicant, but will be considered as it relates to specifics of the position for which you have applied.

I certify that the entries made by me on this form are true, complete, and accurate to the best of my knowledge, and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for volunteer services or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from volunteer opportunities with the Caring Days Adult Day Care.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

