



VOLUNTEER APPLICATION

Please check one

- Volunteer
- Internship
- Service Learning
- School Community Service Project

Welcome to Acacia Adult Day Services

Personal Information

Gender Male Female

Name _____
Last First MI

Address: _____
Street/Apt # City Zip

Home Phone : () _____ Cell Phone: () _____

E-Mail: _____ Work Phone: () _____

Interests and Skills

Please share why you would like to volunteer. _____

What are your interests: _____

What are your skills, e.g. photography, art, music? _____

Please indicate which **computer programs** you are familiar with and your level of knowledge for each.

Program	Beginner/Intermediate/Advanced
Program	Beginner/Intermediate/Advanced
Program	Beginner/Intermediate/Advanced

Language Proficiency

Please indicate if you speak any language other than English and the level at which you are proficient.

Language	Speak/Read/Write	How Well?

Availability

Please indicate the days and times you are available during the week.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Education and Employment

Name of School _____ Major _____

Are you currently in school? If so, what year? _____

Name and Address of Employer: _____

Job Description: _____

Applicable educational/professional experience: _____

Medical

Proof of recent T.B. Clearance? (Required) Yes___ No___ Date_____

Do you have any medical conditions or disability that would impact your ability to perform your volunteer tasks? Y/N. If yes, please explain: _____

Emergency Contact Information

Name:	Relationship:
Home Phone: ()	Cell Phone: ()
Name:	Relationship:
Home Phone: ()	Cell Phone: ()

Additional Information:

Have you ever been convicted of a misdemeanor or felony? Yes___ No___ (This will not necessarily prevent you from becoming a volunteer.)

If yes, please explain: _____

What would you like to gain from your Volunteer experience at Acacia?

Signature _____ Date _____