



Volunteer Application

Thank you for your interest!

Confidential Data

Application Date: _____

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Legal Name, if different (for background check): _____

Contact Information:

Primary Phone: _____ Cell Home Work Other

Secondary Phone: _____ Cell Home Work Other

Primary Email Address: _____ Personal Work Other

Secondary Email Address: _____ Personal Work Other

Work Information:

Retired: Yes No

Occupation: _____ Employer: _____

City: _____ State: _____ Zip: _____

Yes, my employer will provide matching funds for the volunteer hours I serve.

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Emergency Phone 1: _____ Emergency Phone 2: _____

REFERRAL:

How did you hear about LBF? *(Please specify as this information is very important to future volunteer recruitment success.)*

Friend/Relative/Co-worker: _____ Newspaper: _____

Faith Institution: _____ Radio/Television: _____

Website (please specify site): _____ Other (please specify): _____

AVAILABILITY (Please check all that apply):

- Weekdays, DAYS: Usually Sometimes Never
Weekdays, EVENINGS: Usually Sometimes Never
Weekends: Usually Sometimes Never

I intend to volunteer with (Please select all that apply):

- Family Member Youth Pet(s) *NOTE: Many of our elders love to have visits from pets, but please note that animal visits must be cleared by LBFE beforehand.*

I am interested in volunteering for the following (Please select all that apply):

Companionship Services, Year-Round

- Visiting Volunteer (Approx 4 -6 hrs./mo.)
 Phone Companion
 In-Person Check-in Volunteer
 Family Companion
 Friendship and Flowers Visitor (1 Sat. morning/mo.)
 Pen Friend

Social Events, Year-Round

- Event Captain (event management)
 Event Team member (event assistance)
 Client and Volunteer Scheduling
 Driver/Companion

Holiday Events (Easter, Thanksgiving, Christmas)

- Driver/Companion
 On-Site Assistance
 Entertainment
 Pre-Holiday Planning/Preparations

Office Work

- Communications and Fundraising Support
 Program Department Support (Elder Services)
 Overall Office Administration Support
 Phone/Reception Support

Volunteer Department, Fairs/Recruitment Events

- Offsite Table Management/Assistance
 Offsite Presentation Assistance
 In-house Orientation Assistance
 In-house General Office Support

Other

- Baking for Friendship and Flowers
 Building Maintenance/Yard Work
 Interpreter
 Special Project (Fundraising, Marketing,
 Property Maintenance, Events)
 Other (Contact us with your ideas!)

SPECIAL SKILLS Please share any special skills/talents that you would like to share in your volunteer work (i.e. Art Therapy, Teach a Class, Carpentry, Gardening, Music, Painting, etc.): _____

In which languages are you proficient? Primary: _____ Secondary: _____

Education (Please check highest level completed):

- High School Bachelor Masters Advanced Other: _____

Please help us develop an accurate profile of our volunteers. This information is optional and will be used only for statistical analysis and funding purposes. It will **not** be a consideration for volunteer placement. (Please select one.)

- Ethnicity:** Black or African American Asian White Hispanic/Latino
 Native American Multi-Ethnic Other (Please specify): _____