AUG	USTINE DUSE	Volunteer Application Form	
NAM	E:	DATE:	
ADDRESS:		PHONE:	
		EMAIL:	
DAT	E OF BIRTH:		
CON	TACT IN CASE OF EMERGENCY:		
РНО	NE #:	ALTERNATE PHONE #:	
(A)	SKILLS AND INTEREST		
1.	Educational Background:		
2.	Occupation/Work Experience:		
3.	Hobbies, Skills, Interests:		
4.	Past/Present Volunteer Experience:		
5.	Languages Spoken:		
(B)	PREFERENCES IN VOLUNTEERING		
1.	Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)		
	☐ Visiting one-on-one with residents☐ Working with staff as an assistant	☐ Assisting on bus trips☐ Assisting with crafts	

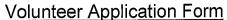
☐ Assisting with Special Events

☐ Assisting with Resident Newsletter

Other:

☐ Entertaining

☐ Assisting with Gardening Program





)	AVAILABILITY			
	At what times are you interested in volunteering?			
	☐ Am Flexible☐ Prefer Weekends	□ Prefer Weekdays□ Prefer Days	□ Prefer Evenings□ Other:	
	How many hours per week?		_	
)	COMMITMENT			
	Why are you interested in volunteering at Augustine House?			
	What do you hope to gain from being a volunteer?			
	Is there any other information you would like to add?			
		MA		
)	BACKGROUND VERIFICATION	DN		
)	BACKGROUND VERIFICATION Please list two non-family referousiness, or volunteer related.)	ences that we may contac	t. (One personal and one	
)	Please list two non-family refer	ences that we may contact	t. (One personal and one	