

Advent House
1010 Moseley Road
Fairport, New York 14450
(585)-223-6112
Fax: (585)-223-6078

VOLUNTEER APPLICATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

Church Affiliation (optional) _____

Emergency contact person _____

JOB CHOICE: (Check as many as interest you)

_____ Resident Care _____ Event Planning, Fundraising

_____ Housekeeping _____ Public Relations

_____ Property _____ Copying (off-site)

_____ Office, scheduling, correspondence, phones _____ Computer

_____ Finance _____ Bereavement

Number of hours you are willing to work per month _____

Present occupation _____

Special skills/talents, limitations & other information you'd like to share with us _____

Date Completed _____

(Optional)

Date of Birth _____ E-Mail address _____

For Hands-on Volunteers:

Available to work overnight? _____ Available on an emergency basis? _____

Preferred Shift

Day of Week _____

7am – 11am 11am – 3 pm 3pm – 7 pm 7pm – 11pm 11pm – 7 am

8am – noon noon – 4 pm 4pm – 8 pm 8pm – mid mid – 8 am

Emergency Shift

Day of Week _____

7am– 11am 11am – 3 pm 3pm – 7 pm 7pm – 11pm 11pm – 7 am

8am – noon noon – 4 pm 4pm – 8 pm 8pm – mid mid – 8 am

(Office Use Only)

Lead Volunteer _____

Training Dates _____

Interview _____

Start Date _____