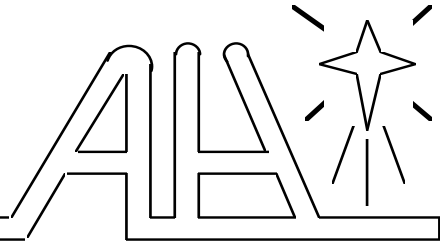


I came that they might have life, and
have it more abundantly. John 10:10

Perinton Ecumenical Ministries, Inc.



Advent House
1010 Moseley Road
Fairport, NY 14450

VOLUNTEER APPLICATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work/cell) _____

Email Address _____

Church Affiliation (optional) _____

Emergency Contact Person _____

Area of Interest (check as many apply)

___ Resident Care

___ Event Planning, Fundraising

___ Housekeeping

___ Public Relations

___ Property

___ Bereavement

___ Office (scheduling, correspondence, phones)

Number of Hours you are willing to work per month _____

Present Occupation _____

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

Date Completed _____ Signature _____

This Section for Resident Care Workers Only:

Date Of Birth (optional) _____

Are you over 18? _____

Are you willing to submit to a background check? _____

Preferred Shifts: (please circle as many as apply)

Sun:	Mornings (7-noon)	Afternoons (noon-5)	Evenings (5-midnight)	Overnight
Mon:	Mornings (7-noon)	Afternoons (noon-5)	Evenings (5-midnight)	Overnight
Tues:	Mornings (7-noon)	Afternoons (noon-5)	Evenings (5-midnight)	Overnight
Wed:	Mornings (7-noon)	Afternoons (noon-5)	Evenings (5-midnight)	Overnight
Thurs:	Mornings (7-noon)	Afternoons (noon-5)	Evenings (5-midnight)	Overnight
Fri	Mornings (7-noon)	Afternoons (noon-5)	Evenings (5-midnight)	Overnight
Sat	Mornings (7-noon)	Afternoons (noon-5)	Evenings (5-midnight)	Overnight

(Office Use Only)

Lead Volunteer _____

Training Dates _____

Interview _____

Start Date _____