

VOLUNTEER SERVICES APPLICATION

Name _____ Date of Birth _____

Street/Mailing Address _____

City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Do you have your own transportation? Yes No

If yes, do you have 4-wheel drive transportation? Yes No

When Would You Be Available / Like to Volunteer? Available Volunteer Times

	Mon	Tue	Wed	Thur	Fri	Start Time	End Time
Week Days							
Week Day Evenings							
	Saturday		Sunday			Start Time	End Time
Weekend Days							
Weekend Evenings							

Service Programs In Which You Would Be Interested In Volunteering

- | | |
|--|--|
| <input type="checkbox"/> Homebound Meal Delivery
<input type="checkbox"/> Non-Emergency Medical Transportation
<input type="checkbox"/> Receptionist at CHEER Center
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Kitchen Worker
<input type="checkbox"/> Other Talents You Would Like to Volunteer _____ | <input type="checkbox"/> CHEERMobile Grocery Delivery
<input type="checkbox"/> Phone-A-Friend Telephone Contact
<input type="checkbox"/> CHEER-A-Pet Visitation
<input type="checkbox"/> Fitness Center Assistant
<input type="checkbox"/> CHEERful Notes Glee Club Singer
<input type="checkbox"/> Special Events Staffing |
|--|--|

Personal References:

Name: _____ Phone# _____

Address: _____

Name: _____ Phone# _____

Address: _____

Submit Application ➔

I authorize CHEER, Inc. to check references in this application for the purpose of being assigned a volunteer position. I agree to abide by the rules and regulations set forth by CHEER, Inc. and understand that all information and clients served by this organization are to remain confidential. I have read the CHEER Volunteer Policy and Procedures Handbook, have signed the Volunteer Disclaimer, understand and accept its contents in accordance with this volunteer position.