

**PARTNERS FOR COMMUNITY LIVING
Volunteer Application**

Name: _____ Date: _____

Address: _____

_____ City _____ State _____ Zip _____ Social Security _____

Phone: () _____ (home) () _____ (work)

Email: _____ Other: _____

Previous Volunteer Experience: Please tell us about your experiences, what you enjoyed and what you didn't. _____

Please check the volunteer opportunities of interest. Please include special skills and interests you would like to share as a volunteer.

- Friend by Choice Adopt-A-Home Computer Trainer Cook/Chef
 Event Volunteer Office Volunteer Landscape/Gardner Party Planner

Please check the times you might be available including day of the week and time of the day. Please check as many times and days that may fit your schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
afternoon							
evening							

What, if any, experience, education or skills do you have in working with individuals with mental retardation/developmental disabilities? _____

Would you like to be added to our mailing list? _____ YES _____ No

Personal References

Please list two references (other than family member) who can speak of your general character

Name: _____ Phone () _____

Name: _____ Phone () _____

In case of emergency contact: _____ Relationship: _____

Phone _____ Phone _____ Other: _____

Application Signature

Date

Interest Inventory

<input type="checkbox"/>	art	<input type="checkbox"/>	menu design
<input type="checkbox"/>	ball games	<input type="checkbox"/>	model making
<input type="checkbox"/>	biking	<input type="checkbox"/>	movies
<input type="checkbox"/>	board games	<input type="checkbox"/>	movies home
<input type="checkbox"/>	bowling	<input type="checkbox"/>	movies theatre
<input type="checkbox"/>	church synagogue	<input type="checkbox"/>	museums
<input type="checkbox"/>	computer activities	<input type="checkbox"/>	music
<input type="checkbox"/>	container gardening	<input type="checkbox"/>	music therapy
<input type="checkbox"/>	cook outs	<input type="checkbox"/>	office assistance
<input type="checkbox"/>	cooking classes	<input type="checkbox"/>	oil painting
<input type="checkbox"/>	cosmetology	<input type="checkbox"/>	outdoor games
<input type="checkbox"/>	crocheting	<input type="checkbox"/>	outdoor sports
<input type="checkbox"/>	dancing	<input type="checkbox"/>	parks
<input type="checkbox"/>	eating out	<input type="checkbox"/>	paper Mache
<input type="checkbox"/>	electronics	<input type="checkbox"/>	party planning
<input type="checkbox"/>	fishing	<input type="checkbox"/>	photo albums
<input type="checkbox"/>	flower gardening	<input type="checkbox"/>	photography
<input type="checkbox"/>	fundraising	<input type="checkbox"/>	picnics
<input type="checkbox"/>	games	<input type="checkbox"/>	pottery
<input type="checkbox"/>	grant writing/research	<input type="checkbox"/>	puzzles
<input type="checkbox"/>	hiking	<input type="checkbox"/>	reading
<input type="checkbox"/>	holiday parties	<input type="checkbox"/>	scrapbooking
<input type="checkbox"/>	indoor painting	<input type="checkbox"/>	sewing
<input type="checkbox"/>	interior decorating	<input type="checkbox"/>	shopping
<input type="checkbox"/>	knitting	<input type="checkbox"/>	sign language
<input type="checkbox"/>	landscaping	<input type="checkbox"/>	sports
<input type="checkbox"/>	letter writing	<input type="checkbox"/>	swimming
<input type="checkbox"/>	library	<input type="checkbox"/>	talking
<input type="checkbox"/>	magic	<input type="checkbox"/>	talking telephone
<input type="checkbox"/>	organic gardening	<input type="checkbox"/>	tutoring
<input type="checkbox"/>	outdoor painting	<input type="checkbox"/>	walking
<input type="checkbox"/>	vegetable gardening	<input type="checkbox"/>	water color painting
		<input type="checkbox"/>	Wii

