

Print Name:	Date of birth: _____	Phone No: Home: Fax: Work: Mobile: Please circle the # you would like to designate as your primary number.
GENDER: M F		

Street Address: _____

City: County:	Zip:	E-mail:
------------------	------	---------

Employer:	Occupation: (if retired, please indicate prior occupation)
-----------	--

Employer Address:	Referral Source:
-------------------	------------------

Church Affiliation:	Church Location:
---------------------	------------------

Type of vehicle: **Car** **SUV** **Pick-up**

YOUR AVAILABILITY (please circle)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Special Schedule: _____

Services you can provide: (please circle all that apply)

Transportation	Shopping	Housework Windows Laundry	Yard Maintenance Spring/Fall rake Gutters Snow removal	Minor Repairs Painting Electrical	Office Help 3 hours/week
Friendly Visit	Phone Calls	Respite Care	Fundraising	Expos/Parades Special Events	Newsletter (Quarterly)

I am interested in becoming a Legacy Member: Yes No Maybe

Other Special Skills: (e.g. sewing, quilting, computers, hair dressing, etc.) _____

Drivers License No:	Auto Insurance Company:
Exp. Date:	Exp Date:

Are you willing to drive long distances (e.g. Chicago)? YES NO	
--	--

Previous Volunteer Experience? If yes, Name of Agency:	Phone Number:
Agency Address:	Contact Person:
Emergency Contact: Address:	Phone home: cell: work:
Allergies other than medicine (e.g. pets, smoke, perfume)	
References: (Known for at least one year, no relatives, please)	
1. Print Name:	Phone No.:
Address:	Relationship:
2. Print Name:	Phone No.:
Address:	Relationship:
I hold a current valid driver's license, and I have current automobile insurance coverage higher than the state minimums.	Circle one: Yes No
I have not had any accidents in the last three years.	True False
I have not had more than three moving violations in the last three years	True False
Signature:	Date:
Witness:	Date: