

# Carter Viss Foundation Volunteer Application

## Personal Contact Information

Name:  Date:

Address:

Phone:

Email:

## Emergency Contact Information

Name:  Relationship with Volunteer:

Phone:

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## Current employer or previously retired from:

## Position applying for: (check all that apply)

- One time volunteer (Less than 12 hours)
- Long term volunteer
- Unsure

## What days/times are you available? (Circle all that apply)

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

**Preferred Start Date:**

ASAP

Date:

**Special Training, skills, hobbies:**

**Why are you interested in volunteering?**

**How did you hear about the Carter Viss Foundation?**