

## VOLUNTEER APPLICATION

Personal Background						
Name			Date			
Last	First		Middle			
Street Address		TOTAL TOTAL	City			
			•	State	Zip	
Phone No. ( )		Age	Social Security		****	
Volunteer Interest	Annual Control of Cont		Section of the sectio			
What type of volunteer work are yo	u interested in? (Pl	ease check off all tl	at apply.)			
☐ Reading or doing crafts wit	$\square$ Reading or doing crafts with residents			spitalized residents		
☐ Assisting on community outings			Assisting in the	the PRDC classroom		
☐ Home maintenance, such as painting, landscaping, etc.			Fundraising	ising		
Other		<del></del>				
Certified in CPR: Yes No	First Aid: Yes	No	Date of Certifi	ication:/	_/	
Other special training, skills, certific	eations or licenses t	aat might pertain o	or help you in you	r volunteer work?		
		1,000,000			***************************************	
Why are you interested in volunteer	ing with PRDC?	The state of the s	vanisty at			
					***************************************	
Availabilty						
Date you can start	How often we	ould you like to vol	unteer?	***************************************	49444444	
When are you available? (Please circ	ele all that apply.)	Sn M T W Th	F S / Mornin	ngs Afternoons	Nights	
Do you need any type of documenta					_	

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