

MARCC Volunteer Application Form

Name: _____

Date: _____

Address: _____

Phone # _____ (home) _____ (work) _____ (cell)

Please circle your age group: Under 18 18-35 36-50 51 & over

Birth Date: _____

How did you hear about MARCC? _____

Please briefly describe any volunteer work you have done: _____

Please list any hobbies or special skills you have: _____

List any languages spoken: _____

Please circle the type(s) of volunteer work you are interested in:

- | | |
|-------------------------------|---|
| 1.Socialize with participants | 5.Help with special events |
| 2.Help with activities | 6.Assist participants with personal cares |
| 3.Help with office tasks | 7.Other, please specify: _____ |
| 4.Help serve meal | _____ |

Please check the day and time you are available:

Monday _____ 10a.m.-1p.m. _____ 1p.m.-4p.m. _____ 10a.m.-4p.m. _____

Tuesday _____ 10a.m.-1p.m. _____ 1p.m.-4p.m. _____ 10a.m.-4p.m. _____

Wednesday _____ 10a.m.-1p.m. _____ 1p.m.-4p.m. _____ 10a.m.-4p.m. _____

Thursday _____ 10a.m.-1p.m. _____ 1p.m.-4p.m. _____ 10a.m.-4p.m. _____

Friday _____ 10a.m.-1p.m. _____ 1p.m.-4p.m. _____ 10a.m.-4p.m. _____

Do you have any physical restrictions that might limit the type of work you can do?

_____ No _____ Yes, please specify: _____

Please check what physical condition you are in:

Excellent _____ Good _____ Fair _____ Poor _____

Have you had a T.B. test recently? _____ No _____ Yes , Date: _____

Emergency

Contact _____ Relationship _____

Volunteer

Signature: _____ Date _____

