

HUMAN SERVICES VOLUNTEER APPLICATION FORM

SECTION I

Name _____ DOB: _____ Gender: _____

Address _____

Phone# _____ E-mail: _____

Emergency Contact: _____ **Phone:** _____

SECTION II

Previous Work/ Volunteer Experience

Other information that will help us make a good match (such as education, general interests/hobbies)

Do you speak a foreign language? Yes No If yes, which language? _____

SECTION III

Availability and volunteer assignment preferences, please circle all that are applicable:

Mon Tues Weds Thurs Fri Sat Sun / Mornings Afternoons Evenings
One Time Only As Needed Other: _____

- | | |
|--|--|
| <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Shopping/Errands | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Light Housekeeping | <input type="checkbox"/> Dog Walking |
| <input type="checkbox"/> Minor Home Repair | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Yard Work | |
| <input type="checkbox"/> Food Pantry | |

Do you smoke? Yes No Do you mind if client does? Yes No Are you allergic to pets? Yes No

SECTION IV (Please fill out only if you are interested in transporting clients)

Do You Have a Valid (State) Driver's License? Yes No

License Number: _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy #: _____

SECTION V [References]

Please list three references of people who know you well, other than relatives, preferably for whom you have worked for in either a paid or volunteer capacity. If you are currently working, please include the name of your supervisor. If working can we call you at work? Yes No

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Rocky Hill Human, Youth & Senior Services reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Applicant Signature

Date

Please Return Your Completed Application:

Mail or Drop off to: Rocky Hill Human Services, 699 Old Main St., Rocky Hill CT 06067

Email to: humanservices@rockyhillct.gov