

VOLUNTEER APPLICATION

PERSONAL INFORMATION

LEGAL NAME		DOB	
ADDRESS	CITY	STATE	ZIP
PHONE(S)	EMAIL		
Thank you for your interest in our mir Rose Garden:	nistry. Please tell us why you	would like to volunte	er at the
Do you have any experience with wo Details:	·	□NO	
How often do you want to volunteer?	☐ Daily ☐ Weekly	/ Monthly	
Do you drive? ☐ YES ☐ NO			
We have a variety of ways to vo	lunteer. Please check the	areas that intere	est you:
 □ Driving residents to appointment □ Organizing □ Decorating □ Cleaning □ Painting □ Transport large items to the d □ Lead morning devotions □ Selling items online □ Car maintenance/repair □ Cover AM or PM shift(please □ Budgeting/Taxes 	ump		

Signed	Printed Name	Date		
☐ I understand that my application authorizes a background check to be performed.				
For the safety and protection of everyone, please know that we run a background check on all staff and volunteers. Please use a separate sheet of paper if there is anything you feel that we should know.				
DISCLAIMER AND SIGNATURE				
		THORE		
NAME	EMAIL	PHONE		
NAME	EMAIL	PHONE		
Please	provide two people who would serve as a character reference for you.			
REFER				
	Other Skills:			
	Haircuts Mentor			
	Appliance Repair			
	Drywall Repair			
	Sort Clothing			
	Write a newsletter			
	Pick up/drop off donations			
	Running Errands for the house (run to the store, etc)			
	Electrical			
	Plumbing			
	Gardening/planting flower beds HandyMan (door knobs, cabinet doors, fixing dressers, etc)			
	Mowing/yard work			
	Fall/Spring outdoor cleanup			
	Fundraising support (work an event, invite friends, etc)			
	Office Help (mailings, filing, computer skills, etc)			
	Exercise (biking, kayaking, yoga, etc)			
	Crafts			
1 1	Life Skills (sewing, cooking, etc) Other: Please Specify			

If you have any questions about your application, please contact Amber Hargrove, Rose Garden Director of Operations at 574-377-3159 or email rgrcoperations@gmail.com