



ACTIVE ADULT PROGRAMS
 7300 Newport Avenue, Suite 100
 Norfolk, VA 23505 Ph:(757) 625-5857 Fax: 625-5858

VOLUNTEER APPLICATION

Applicant's Name: _____

Home Address: _____

City, State, Zip _____

Home Phone # _____

Work Phone # _____

Email: _____

Birth Date: _____

SPECIAL INTEREST/HOBBIES: _____

CHOOSE ONE OR MORE OF THE AREAS PREFERRED:

- | | |
|--|---|
| <input type="checkbox"/> Adult Day-Health Care | <input type="checkbox"/> Distribute meals |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Office / Data Entry |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Gift Shop or Granny's Attic | <input type="checkbox"/> Computer Learning Center |
| <input type="checkbox"/> Health Screening | <input type="checkbox"/> Special Programs |
| <input type="checkbox"/> Instructor _____ | <input type="checkbox"/> Other _____ |

SPECIAL SKILLS:

- | | |
|---|---|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Computers / Data Entry | <input type="checkbox"/> Research/Writing |
| <input type="checkbox"/> Equipment Maintenance | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Graphics/Art | <input type="checkbox"/> Other _____ |

NAME/ADDRESS/PHONE NUMBER OF PERSON(S) TO CONTACT IN CASE OF EMERGENCY

LIST TWO PERSONAL OR WORK REFERENCES:

	NAME	ADDRESS	PHONE NUMBER
1.	_____		
2.	_____		
3.	_____		

TIME COMMITMENT:

- PERIODIC:** As needed and available
 On call/Occasional _____
- REGULAR:** Scheduled _____

AVAILABILITY:

Days of the week (circle or underline): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours: Mon. ___ Tues. ___ Weds. ___ Thurs. ___ Fri. ___
 (You may specify (by highlighting) morning, afternoon, evening, or a specific time frame.)

Total hours per month: _____

SIGNATURE: _____

DATE: _____