

Today's Date: _____

Name: _____

Occupation: _____

Address: _____

Email Address: _____

Phone Number (cell): _____

Phone (home): _____

Received Handbook _____

Provided ID _____

Emergency Contact Person

Name _____

Relationship _____

Phone # _____

How did you hear about Sarah's Guest House? _____

Why do you want to volunteer for SGH? _____

Have you been convicted of a crime (please explain)? _____

Can you perform the job duties of the position you are applying for with reasonable accommodations?

Previous Volunteer Experience: _____

Volunteer Positions of Interest:

- | | |
|---|---|
| <input type="checkbox"/> Office & Guest Services- phones, take reservations, give tours | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Guest Relations (evenings) |
| <input type="checkbox"/> Overnight Support | <input type="checkbox"/> Housekeeping/Light Housework |
| <input type="checkbox"/> Transportation to and from hospitals | <input type="checkbox"/> Outdoor yard work/Gardening |
| <input type="checkbox"/> Clerical Projects | <input type="checkbox"/> Maintenance work |
| <input type="checkbox"/> Public Relations, Marketing, Development | |

Availability:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Day time availability							
Evening availability							
Overnight availability							