



Choice. Respect. independence.

Volunteer Application

Date: _____

First Name: _____

Last Name: _____

DOB: _____

Address: _____

Street

City

State

Zip Code

Phone #: _____

Home Cell Work Other: _____

Email: _____

Drivers License: _____

(D.L. Number – State – Expiration Date)

Emergency Contact: _____

Relationship: _____

Phone: _____

When would you be available? Start Date: _____

End Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Other: _____	Other: _____	Other: _____	Other: _____	Other: _____	Other: _____	Other: _____

Interests and Hobbies:

- Culinary
- Exercise Classes/ Yoga
- Outings
- Reading/ Book Clubs
- Recreation
- Youth Development
- Home Beautification
- Landscaping/ Gardening
- Property Maintenance
- Art _____
- Special Events _____
- Tutoring _____

Where did you learn about CRI volunteer opportunities? _____

Do you have any specific skills or talents that you would like to share with CRI? (Ex: gardening, sign language, paint/mural artist, musician)

Are there any particular goals you hope to achieve through this opportunity or skills you would like to build?

Do you have any experience working with people with mental health issues or disabilities? If so, where?

Are there any limitations that will prevent you to volunteer at certain tasks? Please specify.
