VOLUNTEER APPLICATION

DATE:_____

NAME: _____
(LAST) (FIRST) (INITIAL)

ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

How did you learn about Casa Esperanza? _____
_____
_____

In what area(s) do you feel that you can make the greatest contribution to Casa Esperanza and why?
_____
_____
_____

Special skills, hobbies, foreign languages, etc: _____
_____
_____

Other volunteer/community activities (Church, clubs, civic organizations, other): _____
_____
_____

Are you currently employed? _____ Yes _____ No
If yes, where? Business Name: _____
Business address and phone number: _____
May we contact your present employer? _____ Yes _____ No
If yes, contact name: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____
_____

PLEASE COMPLETE THE REVERSE SIDE OF THIS PAGE

PLEASE GIVE THE NAMES AND TELEPHONE NUMBERS OF THREE REFERENCES:

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

SKILLS/INTERESTS: PLEASE CHECK THE SKILLS AND/OR INTERESTS WHICH YOU WOULD LIKE TO OFFER AS A VOLUNTEER OF CASA ESPERANZA.

O Office & Telephone
O Record Management/Data Entry
O Linens & Laundry for residents
O Coordinating resident dinners
O Landscaping
O Special Events
O Planned Giving
O Bilingual Translation
O Houseplant Care
O Graphic Design/Newsletter production and writing
O Housekeeping and hospitality
O Help to coordinate resident activities
O Building Maintenance
O Government/Legislative Relations
O Public Relations/FRIENDS of Casa Esperanza
O Bulk Mail Assembly

Volunteer Schedule: Please check the times/days you are available to volunteer at Casa Esperanza.

O MON **O** TUES **O** WED **O** THUR **O** FRI **O** SAT **O** SUN

O 9 a.m. – 12 noon **O** 12 noon – 3 p.m. **O** 3 p.m. – 6 p.m.

In case of emergency, please contact: _____ _____
(Name) (Phone)

PLEASE NOTE:
CASA ESPERANZA DOES NOT PROVIDE DAYCARE, DOES NOT REIMBURSE FOR MILEAGE AND DOES NOT ALLOW SMOKING DURING VOLUNTEER SHIFTS.

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PLEASE READ AND SIGN:
I UNDESTAND THAT INFORMATION REGARDING CASA ESPERANZA PATIENTS, RESIDENTS, STAFF AND VOLUNTEERS IS STRICTLY CONFIDENTIAL AND MUST NOT BE DISCUSSED IN OR OUT OF THE FACILITY. I ALSO UNDERSTAND THAT BREACH OF CONFIDENTIALITY IS CAUSE FOR MY DISMISSAL. THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____