



CARING PLACE

OF THE SHOALS

ADULT DAY
SERVICES

The circle of care continues

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this application will be kept confidential and will help us find the most fulfilling and appropriate volunteer opportunities for you! Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Any special talents, skills, or credentials you may have that you feel would benefit our organization?

Please indicate days available: Monday Tuesday Wednesday Thursday Friday

Times available: From _____ to _____

Any physical limitations? _____

In case of an emergency contact: _____

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problems that may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary compensation.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____