



AVENS Volunteer Program Volunteer Application Form

Personal Data:

Name: _____
Address: _____ Postal Code: _____
Phone: _____ (home) _____ (work)
Email: _____

Age: Senior (60+) Adult (18-59) Youth (15-17) 14 & Under

How did you hear about the Volunteer Program at AVENS? _____

Do you have any volunteer experience? _____ If Yes, where? _____

Why do you want to volunteer at Avens? _____

Availability:

Morning Afternoon Evening All Day

Frequency: _____

Interests:

Walks Letter Writing Bowling Bingo Board Games

Escort to Events Beauty Services Visits/Talks Read Alouds

Dance: _____

Cards: _____

Crafts: _____

Cultural Activities: _____

Singing/Playing an Instrument: _____

Religious Activities: _____

Other: _____

Additional Questions:

I agree to have a Criminal Records Check done:

Yes No

I agree to release my Immunization Records:

Yes No

Are you a High School student doing Community Hours?

Yes No

Reference:

Name: _____ Position: _____

Phone: _____ Email: _____