



Mary's House

520 Guilford Avenue
Greensboro, NC 27401
336.275.0820

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phones: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Age: _____ If under 21 Date of Birth: _____

Previous volunteer experience:

Hobbies, special talents or skills:

Community Affiliations:

Background Verification:

1. Have you ever been convicted of a criminal offense? _____
2. Have you ever been charged with neglect, abuse or assault? _____
3. Has your driver's license ever been suspended or revoked in this state? _____
4. Do you use illegal drugs? _____
5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? _____

Volunteer Work Objectives (check all that apply)

- Learn New Skills
- Meet & Work With People
- Explore Career

- Help My Community
- Use Existing Skills
- Fun and Relaxation

AVAILABILITY

<u>Day of the Week</u>	<u>Morning</u> (till noon)	<u>Afternoon</u> (Noon till 5:00 pm)	<u>Evening</u> (5:30 pm till 9:00 pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Opportunity Desired:

- Child Care
- Minor Household Maintenance Inside
- Yard Work
- Grass
- Flowers
- Painting
- Serve on a Committee or Task Force
- Help with Special Events/Fundraising/Public Relations
- Computer – hardware assistance
- Computer – software assistance
- Transportation (Regular)
- Transportation (By Appointment)

How did you hear about Mary’s House? _____

In case of emergency, please notify: _____

Relationship: _____ Phone: _____

I attest that the information provided is accurate and true. I release Mary’s House, Inc. to conduct a national criminal record check on me.

Signature: _____ Date: _____

Personal References:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____