



Today's Date _____

House of Friends VOLUNTEER APPLICATION

Last name _____ First Name _____ Male _____ Female _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Mobile/Cell _____

Email _____ Date of Birth _____

Best time and method to contact you? (daytime, evening, phone, email) _____

Religion/Congregation (optional) _____

How did you hear about House of Friends? _____

Occupation (past occupation if retired) _____

Volunteer experience _____

Volunteer Opportunities: (Please check the ones that you would like to do or wish to learn more about).

- | | |
|--|-------------------------------------|
| _____ Work one on one with a dementia program participant | _____ Plan and lead an art activity |
| _____ Prepare materials for weekly activities | _____ Plan and lead plant activity |
| _____ Shopping for supplies | _____ Coordinate volunteers |
| _____ Preparing a food item for a session lunch | _____ Assist Director |
| _____ Data entry on computer | _____ Coordinate entertainment |
| _____ Help collect donations for the program | _____ Coordinate safety |
| _____ Solicit donations (food) | _____ Prepare and/or serve food |
| _____ Help with fund raising | _____ Help set-up/ clean up |
| _____ Help promote the program/publicity | _____ Serve as greeter |
| _____ Assist with web activities | _____ Take digital pictures |
| _____ Lead a physical activity, exercise, or games | |
| _____ Have a musical or entertainment talent that you could share in a program session | |

Other information that will help us to make a good volunteer match:

Education _____

General Interests _____

Hobbies _____

Skills _____

Other _____

Volunteer Availability: We ask that volunteers working in the program commit to a minimum period most Thursdays

_____ I can volunteer at the House of Friends during the weekly Thursday sessions:

_____ the entire time, from 9:00am to 2:00pm

_____ part of the time, from 9:00am to 11:30am

_____ part of the time, from 11:30am to 1:30pm

_____ I want to support this program, but cannot be present physically at this time

3 personal references (not related):

Name _____ Address _____ phone _____

Name _____ Address _____ phone _____

Name _____ Address _____ phone _____

Return to Bethany United Methodist Church Office: attn. Susie Petersen or Pastor Dave Lutz
10 010 Anderson Mill Road, Austin, TX 78750 phone 258-6017

10/7/2004