



APPLICATION FOR VOLUNTEER SERVICE

Name				Date		
Address						
Cell Phone				Home/Other		
Email Address						
Date of Birth						
Highest Level of Education Completed						
<i>(Circle)</i>						
High school	1	2	3	4		
College	1	2	3	4		
Other						
Volunteer Experience <i>(List role & description of duties)</i>						
Relevant Work Experience						
Special Skills						
Are there any specific volunteer roles you're interested in?						
Availability for Volunteer Work <i>(Check all that apply)</i>						
Daily		Weekly				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift Preference <i>(Check more than one if applicable)</i>						
8:00 AM	to	12:00 PM				
12:00 PM	to	4:00 PM				
4:00 PM	to	8:00 PM				
Emergency Contact						
Relation						
Phone Number						



References	
Name	
Relation	
Phone Number	
Name	
Relation	
Phone Number	
Please return this application form by email to: Loretta Robin robinl@whidbeyhealth.org (360) 678-8605	