



# Volunteer Application

Mr.  Mrs.  Ms

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Unit/Apt \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Age: Under 18 \_\_\_\_\_ 18-64 \_\_\_\_\_ 65-79 \_\_\_\_\_ 80 and over \_\_\_\_\_ (optional)

In case of emergency Links2Care may contact:

Name \_\_\_\_\_ phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Volunteer Experience / training or background experiences;**

**What type of volunteer work would you like to do?**

Do you have a car in good working order available Yes \_\_\_\_\_ No \_\_\_\_\_  
Minimum \$1,000,000 Liability insurance Yes \_\_\_\_\_ No \_\_\_\_\_

When are you available; **Mornings Afternoons Evenings Week-ends Flexible**  
**Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

**Are there any factors that would restrict your activities? (I.e. health, lifting, transportation, childcare responsibilities)**

Personal References (known applicant for 2 years or more, over 18 years old and not a family member)

1. Name \_\_\_\_\_ phone # \_\_\_\_\_

2. Name \_\_\_\_\_ phone # \_\_\_\_\_

3. Name \_\_\_\_\_ phone # \_\_\_\_\_

I have or will contact my references to let them know that Links2Care will be calling.

Signature \_\_\_\_\_

Date \_\_\_\_\_