



VOLUNTEER APPLICATION

Your contact information

Name:		
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-Mail Address:		

Person to Notify in Case of Emergency

Relationship to you:		
Name:		
Home Phone:	Cell Phone:	
E-Mail Address:		

What services would you like to volunteer to provide?

Check all those that apply; add any notes at the bottom that will help us understand our offer

The service	Check here	The service	Check here
Driver	<input type="checkbox"/>	Volunteer handyman	<input type="checkbox"/>
Computer assistance in the NOV office	<input type="checkbox"/>	Organize an event	<input type="checkbox"/>
Computer assistance to NOV members in their homes	<input type="checkbox"/>	Partner for dining out	<input type="checkbox"/>
Phone check in with NOV members	<input type="checkbox"/>	Organize a book/movie club	<input type="checkbox"/>
Pet care	<input type="checkbox"/>	Fundraising for NOV	<input type="checkbox"/>
Walking partner	<input type="checkbox"/>	Assistance in the NOV office	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Add any notes here that will help us understand your offer

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When are you available to volunteer at NOV?

Check all that apply

Day of the week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

What do you want your volunteer commitment to be?

Once a week	
Twice a week	
Once a month	
Other (explain)	

If you volunteer for driving, please provide this information

Vehicle make and model and year:	
Please attach a copy of your insurance coverage	
Please attach a copy of your driver's license	

Please give us three references whom we may contact

	Name	Phone number	Email address	Relationship to you
1				
2				
3				

Would you please describe any prior volunteer experience you have had, telling us what you liked? What did you dislike?

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Why are you interested in volunteering for NOV?

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