JUST FRIENDS

VOLUNTEER APPLICATION FORM

Date: _____

Name: _____ Date Of Birth:_____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (H)_____ (W)_____

<u>Areas you are interested in volunteering</u>:

____ Miscellaneous Services ---

_____summer yard work
_____fall yard work
_____winter snow shoveling
_____shopping assistance

____Friends

_____ Visiting client(s)
_____ Phone conversations

____Transportation

What days are you available? ___M ___T ___W ___TH ___F ___S ___SU

What hours are you available?
___8 a.m. - 12 p.m. ___12 p.m. - 5 p.m. ___5 p.m. - 9 p.m.

How often would you like to serve each month?
___1/mo. ___2/mo. ___3/mo. ___4/mo. ___5 or more per month

What areas are you comfortable transporting to?
____Mpls. ____St. Paul ___Burnsville/Apple Valley ___Woodbury area ___Hastings

What type of vehicle do you drive? ___Car ___Truck ___Van

<u>Personal Information</u>:

Do you have any physical condition that may limit your activities?
Yes_____ No_____ If yes, please describe:_____
_____

Whom should we notify in case of an emergency? _____
phone:_____