



## VOLUNTEER APPLICATION

*Please print clearly. You must be 16 years of age or older to volunteer with VRS.*

\_\_\_\_\_ phone \_\_\_\_\_  
Name

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Address

\_\_\_\_\_ Email \_\_\_\_\_  
Alternate phone

Preference of contact  phone  alternate phone  email      Birthday mm/dd \_\_\_\_\_

Please provide us with your emergency contact information:

\_\_\_\_\_

Do you have any health issues or physical limitation we should know about (such as diabetes, allergies, bad back, hearing or vision impairment, etc.)? If yes, what \_\_\_\_\_

Volunteer Interest:  Answer phones/greet guests  Clerical  Special Events  Health Fairs  Design/Technology  Writing/PR

Other \_\_\_\_\_

What skills do you have that would be applicable to the volunteer position you desire? \_\_\_\_\_

\_\_\_\_\_