

FRIENDSHIP COMMUNITY

Serving persons with Developmental Disabilities

Volunteer Interest Form

Date _____ Name _____

Phone# _____ Cell Phone _____

Email _____

Address _____

Best way & time to reach me _____

Congregation Affiliation (optional) _____

Have you lived outside the state of Pennsylvania within the past three years? _____ If yes, please list where & dates _____

A. References (Name, Address, Phone #)

1. _____

2. _____

B. Occupation/Place of Work _____

(If a student) School name, address and phone # _____

C. Education completed (circle): High school/GED College Graduate Advanced Studies
Specific course of study _____

D. Time available to volunteer (circle): Morning Afternoon Evening
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Note: _____

E. I am interested in volunteering in the following areas (circle):

- | | | |
|----------------------------------|-----------------------------|-----------------------|
| 1. Driver (church, events, appt) | 6. One-on-one/befriend | 12. Art Program |
| 2. Yard work/Gardening | 7. Cleaning/Van washing | 13. Games, skits |
| 3. Aqua Therapy | 8. Painting/Maintenance | 14. Lead singing |
| 4. Housecleaning | 9. Construction | 15. Bible Study |
| 5. Outings/Special events | 10. Send mail to a resident | 16. Parking Attendant |
| | 11. Computer skills | |

Specify other: _____

F. Hobbies, Interests, & Skills _____

G. Experience with Persons with Developmental Disabilities: _____

H. Notify in case of emergency: _____ Phone _____

Please return to: Volunteer Coordinator, Friendship Community 1149 E. Oregon Rd., Lititz, PA 17543

Questions; please contact Betty Hess 656-2466 ext. 165 or email bhess@friendshipcommunity.net