

PrimeLife Enrichment, Inc.  
**VOLUNTEER APPLICATION FORM**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
First Initial Last Spouse's Name

Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile and/or Home

Emergency Contact: \_\_\_\_\_  
Name Phone Relationship

Education: \_\_\_\_ High School \_\_\_\_ College Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Your age group: \_\_\_\_ 16-28 \_\_\_\_ 30-49 \_\_\_\_ 50-64 \_\_\_\_ 65+

Interests or Hobbies: \_\_\_\_\_

Have you done volunteer work previously? \_\_\_\_ Yes \_\_\_\_ No If so, what kind? \_\_\_\_\_  
Where? \_\_\_\_\_

What have you enjoyed most in your previous volunteer assignments? \_\_\_\_\_

What have you enjoyed least in your previous volunteer assignments? \_\_\_\_\_

Do you have any limitations due to family, job, or personal matters? \_\_\_\_\_

Why are you interested in doing volunteer work at PrimeLife Enrichment? \_\_\_\_\_

Date you can begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

In what capacity would you prefer to volunteer?

In Office \_\_\_\_\_

Activity Center \_\_\_\_\_

Friendly Visitor in Home \_\_\_\_\_

Transportation \_\_\_\_\_

Thrift Shop \_\_\_\_\_

Kitchen Help \_\_\_\_\_

When would you be available - please check all that apply:

\_\_\_\_ Monday    \_\_\_\_ Tuesday    \_\_\_\_ Wednesday    \_\_\_\_ Thursday    \_\_\_\_ Friday

\_\_\_\_ Mornings    \_\_\_\_ Afternoons    \_\_\_\_ Evenings

References:

#1: \_\_\_\_\_  
Name Phone Relationship

#2: \_\_\_\_\_  
Name Phone Relationship

#3: \_\_\_\_\_  
Name Phone Relationship

Where did you hear about volunteer opportunities with PrimeLife Enrichment? \_\_\_\_\_

Do you have a car and license?    \_\_\_\_ Yes    \_\_\_\_ No

Additional Information: \_\_\_\_\_

\_\_\_\_\_

