

Project Compassion, Inc. Volunteer Application

Name _____ Date _____

Address _____ Birthday: Month _____ Day ____ Yr _____

State _____ Zip _____ Email Address: _____

Telephone: Home _____ Work _____ Cell _____

Where do you prefer that we contact you? (check one) Home _____ Work _____ Cell _____

Employer: _____ Position: _____

Who should we contact in case of emergency? _____

How did you hear about Project Compassion? _____

References: Name _____ Phone _____

Name _____ Phone _____

Areas of Interest (check all that apply):

___ Visiting a Resident In the Nursing Home ___ Hearts of Gold Campaign (Nov-Dec)

___ Events (Luncheons, Awards) ___ General Office Assistance

___ Recruitment Booths ___ Media and/or Public Speaking

___ Programs/Services/Development ___ Long/Short Term Planning/Policies

___ Fundraising/Public Relations ___ Other: _____

What do you feel you bring to Project Compassion? _____

What do you hope to get out of your volunteer job? _____

Project Compassion, Inc. may do a background check on me. ___ Yes ___ No SSN: _____

Project Compassion, Inc. may use my photo for publicity in print or television regarding my volunteer work.
___ Yes ___ No

Signature _____

For Office Use Only:

Name pin ordered _____ Date Given To Volunteer _____ Nursing Home Preference _____

Key Person Notified _____ Orientation Date _____ By: _____ RSVP App: _____