

# VISITING NEIGHBORS, INC.

"Neighbors Helping Neighbors Since 1972"

## VOLUNTEER/ INTERN APPLICATION

-PLEASE PRINT CLEARLY-

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

Name: ( Mr. Mrs. Ms. ) \_\_\_\_\_  
First Last Nickname (if any)

Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
(IF DIFFERENT) Street City State Zip

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cellular \_\_\_\_\_ Other \_\_\_\_\_

Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Current Employer or School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

***For Employed Applicants Only:***

Job Title: \_\_\_\_\_ Number of years at this company: \_\_\_\_\_

Does your company have any Volunteer Support program (recognition, matching gifts, etc.)? Yes  No  Not Sure

***Educational Background:***

Highest level completed: \_\_\_\_\_ School: \_\_\_\_\_

Field of study: \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Why have you chosen Visiting Neighbors? \_\_\_\_\_

How did you hear about Visiting Neighbors? \_\_\_\_\_

Languages spoken (Other than English): \_\_\_\_\_

Do you have any physical limitations or concerns? No  Yes  explain: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? No  Yes  explain: \_\_\_\_\_

Please list an emergency contact: \_\_\_\_\_  
Name Relationship Phone #

Address- Street City State Zip

***Would you like to help Visiting Neighbors in the future? (Check all that apply)***

- Friendly Visiting  Shop and Escort Program  Telephone Reassurance  
 Help in Office  Special Projects (Holiday Gift Delivery, Street Fairs, etc.) \_\_\_\_\_