



## VOLUNTEER APPLICATION

Name: (Mr., Mrs., Miss, Ms.) \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Work Experience/Occupation: \_\_\_\_\_

Skills/Talents: \_\_\_\_\_

Have you had volunteer experience? ☐ Yes ☐ No

Where? \_\_\_\_\_ What did you do? \_\_\_\_\_

What are you interested in doing as a volunteer? \_\_\_\_\_

Please list three references or attached two letters of recommendation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of or pled guilty to a felony or misdemeanor? ☐ Yes ☐ No

If yes, please list all crimes you have been convicted of or pled guilty and include the date of the offense: \_\_\_\_\_

- I understand that it is recommended that I am COVID vaccinated; but it is not required.
- I understand that PSL requires that I wear a mask during flu season if I am not vaccinated for influenza.
- I agree that I will keep confidential any information of a personal nature regarding a resident that I hear or see while volunteering and will follow the policy and procedures of the community.

Signature: \_\_\_\_\_

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