|  |  |
| --- | --- |
|  | Enjoy Your Life Therapies |

# Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Available: |   | Desired Weekly Hours: |  |

|  |  |
| --- | --- |
| School/ Major: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you like being creative? | YES[ ]  | NO[ ]  | Do you enjoy helping people? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you need volunteer hours for school? | YES[ ]  | NO[ ]  | If yes, how many? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any hobbies? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name : |  | Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relation : |  | Address: |  |
|  |  |  |  |

## Volunteer opportunities

These are some of the volunteer areas that we offer, please select which you are most interested in.

|  |  |  |  |
| --- | --- | --- | --- |
| Office organization |  | Marketing/ Social Media |  |
| Teach/Lead Craft Class |  | Clean up |  |
| Event Planning |  | Shadowing  |  |
| Program Planning |  | Other |  |

## Hours of Availability

Please list days and times you are available and would like to volunteer.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Time In** | **Time Out** | **# of hours for day** |
| **Sunday** |   |   |   |
| **Monday**  |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer opportunity with Enjoy Your Life Therapies, I understand that I would be working with or around people with impairments and need to have the compassion, empathy, and patience to be a volunteer here. Able to lift at least 20lbs if assigned to clean up. I understand I will be required to complete HIPPA training upon orientation.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |