

Elderhaus Volunteer Application



Name: _____ Phone: _____

Address: _____
Street City State Zip

E-mail: _____

If a Student, please circle one: CSU/UNC/FRCC – Practicum, Internship, or other: _____

Class Name: _____ Instructor: _____

Total hours needed: _____ Finish Date: _____

If Community Service, please fill in the following information:

Contact person: _____ Phone: _____

Total hours needed: _____ Finish Date: _____

What was the nature of your offense? _____

Other Volunteers: # of hours you would like to volunteer: _____

Weekly: _____ Other: _____

All Volunteers:

If you or someone you know play(s) a musical instrument, would you/they be interested in playing for us? _____

Are there any special skills you would like to learn or experiences you would like to have while at Elderhaus? _____

Have you worked with a similar population as we have here at Elderhaus in the past? _____
 If yes, what have you done? _____

Schedule of Available hours to volunteer:

Day	Time(s)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	