

VOLUNTEER ENROLLMENT FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home) _____ (Work) _____

Contact in Emergency: _____ Phone: _____

Please describe why you are interested in volunteering with Calcutta House.

I. SKILLS AND INTERESTS

Educational Background: (indicate the highest level completed and degrees earned, if any).

Current Occupation and Employer:

Hobbies, interests, Skills:

Previous Volunteer Experience:

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? (Check all that apply).

Data Entry	_____	Counseling and Support	_____
Preparing Meals	_____	Providing Recreational Opportunities	_____
Housekeeping	_____	Helping with Administrative Work	_____
Maintenance	_____	No preference	_____
Answering Phone	_____	In-Service Training	_____
Fund Raising	_____	One-on-One Tutoring	_____
Music/Art Therapy	_____	Other: _____	_____

DO YOU HAVE ANY EXPERIENCE WORKING WITH PERSONS WITH AIDS OR WITH AN AGENCY THAT PROVIDED SERVICE TO PERSONS WITH AIDS?

II. AVAILABILITY

At what times are you interested in volunteering? (Check all that apply)

_____ Am Flexible _____ Prefer Weekdays _____ Prefer Weekends

_____ Other _____ _____ There are times during a week when I cannot do volunteer work.

Are there any medical or other limitations to the work you can do?

III **REFERENCES**

How did you hear about Calcutta House?

List name, address, and phone number of two references, other than relatives. If possible please include one reference from a previous volunteer experience or community activity.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Signature _____ Date _____

You may fax this complete form to:

Mary Drennan @ 215-684-0490

Or email to mdrennan@calcuttahouse.org