



Cicily Cares Volunteer Application Form

_____ (leave blank)

Volunteer Name/Title

Section 1

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone: _____ Daytime Phone: _____

Email: _____

Section 2

Previous Volunteer Experience: _____

Occupation (Past Occupation if Retired) : _____

Other Information to help with client matching (i.e. hobbies, interest): _____

Other Languages Spoken (if any): _____

Section 3

Availability and Volunteer Assignment Preferences *(Check all that apply)*

Mornings (Mon-Fri) Afternoons- (Mon-Fri) Evenings (Mon-Fri)

Once/week More than once/week Weekends

As Needed Other

I can serve more than one person Yes No

Section 4

Do you have a valid driver's license? Yes No

Have you ever been convicted of a felony? Yes No