



SHARED HOUSING CENTER, INC.

## VOLUNTEER APPLICATION

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Emergency Name & Number: \_\_\_\_\_

Best times to volunteer: *(please circle, highlight, or note)* \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Are you Bilingual?  Yes  No If so, what Language(s)? \_\_\_\_\_

Previous or Present Volunteer Experience: \_\_\_\_\_

### Please Note your Volunteer Interest(s):

Description of Activity	Interest
Children Group Outings	<input type="checkbox"/> Yes
Children Group Reading Program	<input type="checkbox"/> Yes
Children's Arts & Crafts Projects	<input type="checkbox"/> Yes
Children's Special Programs – etiquette, cooking, magic, computer, etc.	<input type="checkbox"/> Yes
Children Tutoring – one-on-one	<input type="checkbox"/> Yes
Holiday Celebrations	<input type="checkbox"/> Yes
Adult Class Instruction – Budget	<input type="checkbox"/> Yes
Adult Class Instruction – Parenting	<input type="checkbox"/> Yes
Adult Class Instruction – Job Resume	<input type="checkbox"/> Yes
Adult Class Instruction – nutrition, grooming, hygiene, computer, etc.	<input type="checkbox"/> Yes
Home visits to Homeshare participants	<input type="checkbox"/> Yes
Special Events/Fundraisers	<input type="checkbox"/> Yes
Workdays – labor activity	<input type="checkbox"/> Yes
Committee participation – develop, assess & evaluate services/programs	<input type="checkbox"/> Yes
Special office projects – newsletter, reports	<input type="checkbox"/> Yes
Write-in your special talent:	