



## Home Life Inc. Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

How would you like to volunteer?

\_\_\_ Group Activities      \_\_\_ One on One Buddies      \_\_\_ Fundraising  
\_\_\_ Computer Tech      \_\_\_ Arts & Crafts      \_\_\_ Other: \_\_\_\_\_

Describe any experience you have working with people with developmental disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all certificates or licenses that you have received, including first aid and CPR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you here about Home Life Inc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What prompted you to want to volunteer here at Home Life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include your resume and references.