



1503 Michael Road • Richmond, VA 23229-4899 • (804) 288-6245

APPLICATION FOR ADULT VOLUNTEER SERVICES

Date: _____

Name: _____ Home Number: _____

Cell Number: _____

Email: _____

Age (Please check one.): 19-25 26 and Older

Address _____
Street City Zip Code

Occupation: _____

Emergency Contact: _____
Name Home/Cell Numbers

_____ Address

I am applying as (Check one below.):

- Adult Volunteer Resident Volunteer Family Corporate Volunteer

What prompted you to apply at LSP? _____

Past Volunteer Experience? No Yes Where? _____

References: _____

Name Address Telephone #

Name Address Telephone #

Which day(s) do you wish to volunteer? _____ Hours? _____

Please check the volunteer services you prefer. (Check all that interest you.):

- | | | |
|-----------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Shopping | <input type="checkbox"/> Yard Sales/Inside Sale |
| <input type="checkbox"/> Direct Service w/Residents | <input type="checkbox"/> Shampooing/Setting Hair | <input type="checkbox"/> Transportation for Residents |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Outside Appointments |
| <input type="checkbox"/> Laundry & Linen Room | <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Diversional Activities w/Residents |
| <input type="checkbox"/> Records & Bookkeeping | <input type="checkbox"/> Visiting w/Residents | <input type="checkbox"/> Bed Making |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Garden/Yard Work | <input type="checkbox"/> Resident Store |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Bake Sales |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Chapel/Religious Services | <input type="checkbox"/> Sewing (including show costumes/props) | |
| <input type="checkbox"/> Bazaar | <input type="checkbox"/> Music/Drama | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Wherever Needed | | |

[For Interviewer's Use Only]

Interviewed by: _____ Date: _____

The following arrangements have been made:

Comments: