

Newaygo County Compassion Home Volunteer Application

Contact Information
Name
Street Address
City ST ZIP
Cell Phone
Home Phone
E-Mail Address
Availability
During which hours are you available for volunteer assignments? Four Hour Shifts Recommended
 Weekday mornings Weekend mornings Weekend afternoons Weekend afternoons Weekend evenings
Interests
Tell us in which areas you are interested in volunteering
Patient/Family Support
Non- Patient Services
Home Maintenance/Yard Beautification
Special Events
Donation Pick-up/Deliveries
Marketing/Development
Grant Writing
Volunteer coordination
Advisory Committees
Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Volunteer Experience
Summarize your previous volunteer experience.
Why the Newaygo County Compassion Home (Not required)
Please share any personal experiences if you would like that have drawn you to our mission
Person to Notify in Case of Emergency
Name
Street Address
City ST ZIP
Cell Phone
Home Phone
E-Mail Address
Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
Name (printed)
Signature
Date

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.