Newaygo County Compassion Home
Volunteer Application

NEWAYGO COUNTY
COMPASSION HOME

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
___ Weekday afternoons
___ Weekday evenings
___ Weekend mornings
___ 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 Q*ualifications

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.