

## Circle Center Adult Day Services Volunteer Application Form

Volunteer Information			
Name:		Birth date:	
Address:			
Phone Number: Home:		Cell:	
Email address:			
Preferred method of contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Either
Student Information (If applicable)			
Name of College or High School:		School Address:	
Will there be school supervisor or a contact? YES NO		If yes, provide name of contact:	Phone: Email:
Employment Information (If applicable)			
Employer:		Address:	Phone:
General Information			
How did you hear about Circle Center Adult Day Services?	<input type="checkbox"/> Referral _____	<input type="checkbox"/> TV _____	
	<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> School _____	
	<input type="checkbox"/> Radio _____	<input type="checkbox"/> Employer _____	
	<input type="checkbox"/> Organization _____	<input type="checkbox"/> Church _____	
	<input type="checkbox"/> Social Media _____	<input type="checkbox"/> Other _____	
Availability			
I am interested in- (check all applicable)			
<input type="checkbox"/> "Done in a Day" projects		<input type="checkbox"/> Weekly opportunities	
<input type="checkbox"/> Once a month opportunities		<input type="checkbox"/> Bi-weekly opportunities	
<input type="checkbox"/> Other			
Which days are best - (check all applicable)			
<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday		<input type="checkbox"/> Saturday (closed)	
Preferred time of day- (check all applicable)			
<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Either			
Ways to Volunteer (Check all that interest you)			
<input type="checkbox"/> Program Support		<input type="checkbox"/> Service project for my group	
<input type="checkbox"/> Fundraising		<input type="checkbox"/> Administrative/IT/Data Entry	
<input type="checkbox"/> Event Planning		<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Activities with Participants		<input type="checkbox"/> Landscaping/Gardening	
<input type="checkbox"/> Marketing/Outreach		<input type="checkbox"/> Music, Crafts, Games	
References – Please supply the name, address, and phone number of two references. Indicate if they are a personal or professional reference. (For some volunteer roles we may check references)			
Emergency contact information			
Name of contact:		Relationship to volunteer:	
Phone number of contact:			

Thank you for your interest. Please email this application to Mary Branzelle at [mbranzelle@circlecenterva.org](mailto:mbranzelle@circlecenterva.org)