



## VOLUNTEER APPLICATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Year began living here: \_\_\_\_\_

Address 2: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Landline: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Skills and Interests: \_\_\_\_\_

# of Hours Available Each Month: \_\_\_\_\_ Prior Volunteer Experience, if any: \_\_\_\_\_

**SERVICE AREAS OF INTEREST:** Based on your skills and interests, please select up to 2 areas which best fit the services you would prefer to provide:

\_\_\_\_ Transportation to medical appts., shopping, errands, etc. **(Please include copy of Driver's License & proof of insurance.)**

\_\_\_\_ Visits with neighbors in their home and/or phone calls to check in (circle all interested in)

\_\_\_\_ Assist with Home Safety and Accessibility

\_\_\_\_ Conduct a seminar or educational program

\_\_\_\_ Help with SLIP sponsored events and social programs

\_\_\_\_ Write articles, press releases, or other

\_\_\_\_ Help with Veterans Breakfast (cooking, setup, cleanup)

**Preferred Availability:** (check all that apply)

MORNING

AFTERNOON

EVENING

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

**Personal References** (Note: No relatives; List at 3; Be sure to notify your references in advance to inform them about SLIP and your interest in volunteering.)

Name	Phone #	Email
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1.

2.

3.

**I understand the completion of this application does not obligate SLIP to offer me a volunteer position. In processing my application, background, and DMV checks (if you will be driving) checks will be conducted at no cost to you.**

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**Signature**

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**Date**

**Thank you for applying to the SLIP Volunteer Program. Please submit your application to: Saluda Living in Place  
P.O. Box 322, Saluda, NC 28773.**