



## Volunteer Application

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street, Road, Ave, P.O Box City, State, Zip

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Work/home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Number of hours you're available each month: \_\_\_\_\_

Previous volunteer experience if any: \_\_\_\_\_

### If you're a student, please tell us:

Name of school: \_\_\_\_\_ Field of Study: \_\_\_\_\_

**Service Areas:** Based on your skills and interests, please select up to 2 areas which best fit the services you would prefer to provide.

1. \_\_\_\_\_ Transportation to medical appointments, shopping, errands, etc\*
2. \_\_\_\_\_ Friendly visit with neighbors in their home
3. \_\_\_\_\_ Assist with Home Safety and Accessibility
4. \_\_\_\_\_ Conduct a seminar or educational program
5. \_\_\_\_\_ Help with SLIP sponsored events and social programs
6. \_\_\_\_\_ Write articles, press releases and stories
7. \_\_\_\_\_ Other: \_\_\_\_\_

\***Volunteers who wish to drive:** must include a copy of your driver's license and proof of insurance.

**Preferred Availability**

<b>Day of week</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**Personal references:** (Note: 1. No relatives; 2. Must list three; 3. Be sure to notify your references in advance to inform them about SLIP and your interest in volunteering.)

<b>Name</b>	<b>Phone Number</b>	<b>Email</b>

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for applying to the SLIP Volunteer Program. Please submit your application to:

Saluda Living in Place  
PO Box 322  
Saluda, NC 28773  
[www.slipnc.org](http://www.slipnc.org)  
(828) 490-1040