



## VOLUNTEER APPLICATION

2111 Adelpha Avenue, Holt, Michigan 48842

517-699-8454

Name \_\_\_\_\_ Are you 18 years or older? Y \_\_\_\_\_ N \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Social Security # \_\_\_\_\_ E-mail \_\_\_\_\_

Local Address: \_\_\_\_\_

Street City State Zip

Home Address: \_\_\_\_\_

Street City State Zip

Church Affiliation (optional) \_\_\_\_\_

(Not answering the above question will in no way exclude you from obtaining a volunteer position at Rainbow Homes. In keeping with our mission, the above information can be helpful in matching consumers with potential volunteers.)

Provide information on your current employer if applicable, in the space below:

Company/Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Dates of Employment (starting/ending) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement?

Yes \_\_\_ No \_\_\_ Is this a requirement for employment? Yes \_\_\_ No \_\_\_

Provide information on your current school program if applicable, in the space below:

School \_\_\_\_\_ Grade \_\_\_\_\_ Degree \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Required area of volunteering \_\_\_\_\_

Is this a requirement for class/portfolio? Yes \_\_\_ No \_\_\_ How many hours required? \_\_\_\_\_

Special Training, Skills, Hobbies \_\_\_\_\_

Groups, Clubs, organization memberships \_\_\_\_\_

Please describe your prior volunteer experience \_\_\_\_\_

Why do you want to volunteer at Rainbow Homes? \_\_\_\_\_

Please check time you are available for volunteer work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoon							
Evenings							

PLEASE GIVE TWO LOCAL REFERENCES NOT RELATED TO YOU.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes \_\_\_ No \_\_\_

If so, for what? \_\_\_\_\_

(A conviction is not a barrier to volunteering, but will be considered based on the relationship of your conviction to the requirements for the position.)

CHECK THE FOLLOWING AREAS THAT YOU ARE INTERESTED IN VOLUNTEERING:

- |  |  |
|--|--|
| <input type="checkbox"/> Advocate for disability ministry  | <input type="checkbox"/> Maintenance/janitorial        |
| <input type="checkbox"/> Assist/Lead art/Craft activity    | <input type="checkbox"/> Men's group                   |
| <input type="checkbox"/> Chores/seasonal cleaning          | <input type="checkbox"/> Personal care                 |
| <input type="checkbox"/> Clerical/office work              | <input type="checkbox"/> Public speaking               |
| <input type="checkbox"/> Community Service Hours           | <input type="checkbox"/> Reading/Library group         |
| <input type="checkbox"/> Event planning                    | <input type="checkbox"/> Respite care                  |
| <input type="checkbox"/> Events planning-Saturdays         | <input type="checkbox"/> Senior connection, RSVP, AARP |
| <input type="checkbox"/> Friendly visitor/Adult companion  | <input type="checkbox"/> Special Projects              |
| <input type="checkbox"/> Gardening                         | <input type="checkbox"/> Sports                        |
| <input type="checkbox"/> Grocery shopping/training         | <input type="checkbox"/> Teaching a leisure skill      |
| <input type="checkbox"/> Group projects                    | <input type="checkbox"/> Teaching Basic Living skills  |
| <input type="checkbox"/> Hair styling/make-up/nails        | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Internship/Volunteer Requirements | <input type="checkbox"/> Writing for residents         |
| <input type="checkbox"/> Other                             | <input type="checkbox"/> Other                         |

\*\*\*I authorize investigation of all statements contained in this application and certify that all information is accurate. As a volunteer of Rainbow Homes, I will up hold the philosophy and mission of Rainbow Homes.

\_\_\_\_\_  
Signature Date

\* \* \* \* \*  
**OFFICE USE ONLY**

Placed Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Activity(s) \_\_\_\_\_

Resident(s) working with: \_\_\_\_\_

Special Arrangements Needed \_\_\_\_\_

Kept commitment \_\_\_\_\_ Concerns: \_\_\_\_\_

Application \_\_\_\_\_ Criminal record check \_\_\_\_\_ Medical Reference \_\_\_\_\_

Comments: \_\_\_\_\_