



VOLUNTEER APPLICATION

Name _____ Date: _____ Age: _____

Address _____

City _____ State _____ Zip _____

Home Ph. _____ Cell Ph. _____

E-mail _____ Fax _____

Current Occupation _____ Part Time _____ Full Time _____

Have you volunteered Yes _____ No _____

Where _____ When _____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREA:

Take Mission to Patient in Hospital _____ Help Fill Patient's Gift Bags _____ Special Events _____

Fund Raising /Silent Auction _____ Tea Party Assistant _____ Office _____ Calling Patients _____

Preference: FIM Women _____ Mana House _____ FIM 4 Men _____

How many hours are you available to work _____ 10 AM-2 PM _____ 1 PM-5 PM _____

I prefer working: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Do you have "special" educational skills, Esthetician, Manicurist, Facialist, Massage Therapist

Please explain: _____

Do you wear sculptured nails Yes _____ No _____ Do you smoke Yes _____ No _____

Visible tattoos (ie: Ankle, Wrist) Yes _____ No _____ Visible piercings excluding your ears Yes _____ No _____

Jacket size SM _____ MED _____ LG _____ XL _____

Do you mind working alone if necessary Yes _____ No _____

Name Preference _____ Do you speak another language _____ which one _____

Have you ever had a life threatening illness (optional) Yes _____ No _____

Interviewed by: _____ Date _____ Assigned _____

Volunteer Signature _____ Orientation _____ Begin _____