



VOLUNTEER APPLICATION

Personal Information

Name:

Address:

Telephone:

In case of emergency, please notify:

Name:

Address:

Telephone:

Experience and Interests

1. Previous volunteer experience:

2. Current/most recent employment:

3. What SCTP program interests you?

DTTA (teaching hobbies, exercise classes)

GSE (working in the plant nursery)

Office (mailings, grant writing, shredding paper)

Transportation (driving)

Group Home (visiting with the elderly)

4. Community affiliations and offices held:

5. Hobbies, skills, special interests, languages:

Time Available

Monday	8 am-12pm	12pm-4pm	Thursday	8 am-12pm	12pm-4pm
Tuesday	8 am-12pm	12pm-4pm	Friday	8 am-12pm	12pm-4pm
Wednesday	8 am-12pm	12pm-4pm			

Signature:

Date:

Please note: The office receptionist will contact you.