

Foss Home & Village Volunteer Application

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____

Cell Phone, E-Mail (optional) _____

Volunteer opportunities you are interested in doing? _____

Days available _____ Hours available _____

How long do you see yourself volunteering? less than 6 months 6 months to 1 yr.
 1 to 2 yrs. 2 yrs. or more Other _____

Reason(s) for wanting to volunteer?

Prior volunteer experience _____

How did you find out about our volunteer program? _____

Do you speak any languages other than English? (If so, what languages) _____

Hobbies/Talents/Special interests _____

Personal Reference

Name _____ Phone number _____

Any additional information you would like us to have _____

Name of person to be contacted in case of emergency while at Foss

Name _____ Relationship _____ Phone _____

Signature _____ Date _____

When complete, please return to Ruth Caple, Volunteer Coordinator. For questions, please contact Ruth at: (206) 834-2586. Thank you!