

**Markesan Resident Home
Volunteer Application**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Profession: _____

Phone: (home): _____ (work) _____ (cell): _____

Email: _____ Fax: _____

Emergency Contact: _____ Ph: _____

Where did you hear about Markesan Resident Home and our volunteer opportunities? _____

Have you ever been convicted of a felony within the past five years? No Yes

If yes, please explain: _____

Are you a court ordered community service applicant? No Yes

If you have a disability, what accommodations would you need to do this volunteer position? _____

When are you available to volunteer?

Time of Day: _____

Day of Week: _____

How often per month? _____

What attracted you to Markesan Resident Home in particular? _____

What skills, training, or knowledge do you wish to utilize while volunteering? _____

Describe a personal or work situation when you felt or would feel successful. _____

What training, resources, or support do you anticipate needing to do volunteer work? _____

Please provide two personal or professional references:

Name	Phone No.	Relationship
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1. _____

2. _____

I hereby attest that the above information is true to the best of my knowledge.

Signature

Date