



For Office Use	
Raiser's Edge	ID # _____

Date: _____

Volunteer Application

Please Print

Personal Information

Name _____
 Title _____ First _____ Last _____ Nickname _____

Mailing Address:

Street Address _____ Apartment or Unit # _____
 City _____ State _____ Zip Code _____

Phone Numbers

Home: (____) ____ - _____ Cell: (____) ____ - _____
 Fax: (____) ____ - _____ Email Address: _____
 1st and 2nd preferred form of communication: Phone _____ Email _____ Text _____

Marital Status: single _____ married _____ widowed _____ **Birthdate:** _____

Volunteer Opportunity

Please tell us what areas are of interest to you.

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Patient Visitor | <input type="checkbox"/> Office/Administrative | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Camp Good Grief |
| <input type="checkbox"/> Treasured Pets | <input type="checkbox"/> Community Events | <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Stitches- Bears/Pillows |

List any other area not listed: _____

Select the county in which county would prefer to volunteer.

- Martin Saint Lucie Both

Please tell us when you are available to volunteer.

Days of the week:
 ___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Hours of the day: ___ 8 am -12 pm 12 pm - 5 pm ___ 5 pm - 9 pm

Would you be available on holidays? If so, which ones? _____

Seasonal months you are available to volunteer: From _____ through _____

How did you hear about Treasure Health volunteer opportunities? _____

About You

Are you a military veteran? _____ Branch of Service: _____

Do you speak a second language? _____ if yes, please specify: _____

Has a member of your immediate family or significant other died in the past year? _____ Yes _____ No

If yes, when? _____ what was your relationship to that person? _____

Talents/Skills – All volunteers should complete this section. Check all that apply.

___ Sewing ___ Quilting ___ Needlepoint ___ Embroidery

___ Knitting ___ Arts & Crafts ___ Flower Arranging ___ Painting

___ Photography ___ Scrap Booking ___ Music ___ Reading

___ Journaling ___ Creative Writing ___ Woodworking ___ Decorating

___ Play Cards ___ Gardening ___ Cooking ___ Crocheting

___ Movies ___ Sports: Type _____

___ Computer Skills: ___ Word ___ Excel ___ Access ___ Data Entry ___ Photo Shop

___ Do you play a musical instrument? ___ yes ___ no which one/s? _____

Other Talent or Skills not listed _____

Experience Employment and Education

Have you ever done volunteer work before? Yes _____ No _____ Where? _____

Describe any relevant professional or volunteer experience you have. _____

If employed, employer? _____ If student, school? _____

Emergency Contact

Name _____ Phone number _____

Name _____ Phone number _____

Seasonal Address if applicable:

_____ Street Address

_____ Apartment or Unit #

_____ City

_____ State

_____ Zip Code

Phone Number: _____

Volunteer Signature _____

Date _____

Parent/Guardian Signature (if under 18 years of age) _____

Date _____