

## VOLUNTEER ENROLLMENT FORM

**Enrollment Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Preferred Method (s) of Contact** \_\_\_\_\_

**Contact in Emergency** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

### Employment

Are you employed?

Yes \_\_\_\_\_ **Full time** \_\_\_\_\_ **Part-time** \_\_\_\_\_  No  Self-Employed  Retired

**Place of Employment** \_\_\_\_\_ **Position/Title** \_\_\_\_\_

### Education

Are you a current student?

Yes \_\_\_\_\_ **Full time** \_\_\_\_\_ **Part-time** \_\_\_\_\_  No

**Highest Level of Education** \_\_\_\_\_ **School** \_\_\_\_\_

**Degree/Course of Study** \_\_\_\_\_

### Skills and Interests

Special training, certifications, skills, and hobbies \_\_\_\_\_

\_\_\_\_\_

**Groups, clubs, organizational memberships** \_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language?  Yes  No If yes, what language (s) \_\_\_\_\_

Please describe your prior volunteer experience (include organization names)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What experiences have you had that may prepare you to work as a volunteer serving seniors and persons with disabilities?

---



---

What do you want to gain from this volunteer experience? \_\_\_\_\_

---



---

**Please check all current Volunteer Opportunities in which you have an interest:**

	House Modification Program		Senior Medicare Patrol (SMP) One-on One Counselor and Group Educator (Medicare fraud/waste, identity theft, senior financial exploitation education and reporting)
	Wednesday Crew Home Maintenance/Home Repair Projects		Thrive Alliance Fundraiser
	Internship		Special Projects for: Group? Individual?
	Community Outreach (events, fairs)		Administrative Assistance
	Senior Nutrition Program		VASIA – Volunteer Advocate for Seniors and Incapacitated Adults
	Board Member		

Are there other ways in which you would like to volunteer? Please let us know what you have in mind!

---



---



---

**Please check all days and times you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						
Flexible						
Call for Availability						

**How did you hear about us?**

- Thrive Alliance Website  
  Volunteer Recruitment Website  
  Volunteer Center  
 Community Event  
  Volunteer Recruitment Fair  
  Social Media Site  
 Newspaper/ Newsletter  
  Referred by volunteer  
  Referred by friend  
 School  
  Church  
  Employer  
  Other \_\_\_\_\_

## Background Verification

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime, state in which the crime took place, and the date of conviction and disposition.) **Conviction of a crime is not an automatic disqualification for volunteer work.**

---

---

---

---

Have you ever been charged with neglect, abuse, or assault?  Yes  No

Do you have any medical conditions that you think we should be aware of for your safety?  
 Yes  No

Do you have a driver's license  Yes  No Has it ever been suspended or revoked?  Yes  No

Do you have car insurance?  Yes  No

Please list three (3) references that know you well and can attest to your character, skills, and dependability, one of which should be volunteer/work related:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Length of relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Length of relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Length of relationship \_\_\_\_\_

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

### **Please read the following carefully before signing this application:**

*I certify the responses given herein are true and complete to the best of my knowledge.*

*I understand that this is an application for and not a commitment or promise of a volunteer staffing opportunity.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Please return form to: Thrive Alliance, 1531 13<sup>th</sup> St., Suite G900, Columbus, IN 47201  
Fax form to: 812-372-7846  
Email form to: [volunteer@thrive-alliance.org](mailto:volunteer@thrive-alliance.org)