

## **VOLUNTEER APPLICATION**

## Your contact information

Tour contact information			
Name:			
Street Address:			
City:	State	e: Zip:	
Home Phone:	Cel	I Phone:	
E-Mail Address:			
Person to Notify in Case of Emer	gency		
Relationship to you:			
Name:			
Home Phone:	Cell	Phone:	
E-Mail Address:			
What services would you like to	volunt	eer to provide?	
Check all those that apply; add any notes	at the bot	ttom that will help us understand our of	fer
The service	Check here	The service	Check here
Driver		Volunteer handyman	
Computer assistance in the NOV office		Organize an event	
Computer assistance to NOV members in their homes		Partner for dining out	
Phone check in with NOV members		Organize a book/movie club	
Pet care		Fundraising for NOV	
Walking partner		Assistance in the NOV office	
Other:		Other:	

Add any notes here that	at will he	lp us und	erstand	your offe	r
When are you available	e to volu	nteer at N	IOV?		
Check all that apply		1	1		
Day of the week	Morning	Afternoon	Evening		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
What do you want y	our volui	nteer com	mitmer	nt to be?	
Once a week					
Twice a week					
Once a month					
Other (explain)					
If you volunteer for dr		ease prov	ide this	informati	on
If you volunteer for dr Vehicle make and model ar		ease prov	vide this	informati	on
Vehicle make and model ar	nd year:	-		informati	on
Vehicle make and model ar	nd year: ur insurand	e coverage		informati	on
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