

916 W Chapel Road  
Asheville, NC 28803

Eleanor Campbell, Volunteer Coordinator  
(828) 274-6053



## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Days Available: \_\_\_\_\_ Times Available: \_\_\_\_\_ Not available: \_\_\_\_\_

In which area would you like to work? \_\_\_\_\_

Pick from one or more of the following: Adult Day Care, Child Care, Events, Pet Therapy, Landscaping, or Maintenance.

Have you ever worked for the Center? YES  NO  If yes, when? \_\_\_\_\_

Do you have any related experience or skills? Please list:

### Current Employment or School

School or Company: \_\_\_\_\_ Supervisor/Advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Responsibilities/Area of Study:	
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### References

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Emergency Contact

**Name:**

**Phone:**

**Relationship:**

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Additional Forms**

- For Pets, Copy of Pet Therapy Certification Attached
- For Pets, Proof of Rabies Vaccination Attached