



## **PMC Volunteer Service Application**

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

PO Box: \_\_\_\_\_ Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_

Work or Volunteer Experience:

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Special Training which you feel is relevant to working with Nursing Home Patients:

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Hobbies, skills, special interests:

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Community Group Affiliations (clubs, councils, committees, church, etc.):

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Type of Activities preferred:

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Days available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

(Please circle)

Would you consider volunteering for special event: \_\_\_\_\_

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