



# RESPITE FOR ALL

## VOLUNTEER APPLICATION

### Application Information

Full name:	<div>Last</div> <div>First</div> <div>M.I.</div>	Date:	
Address:	<div>Street address</div> <div>Apt/Unit #</div> <div>City</div> <div>State</div> <div>Zip Code</div>	Phone:	
		Email:	
Date Available:	<div>Date of Birth</div>	Start date:	
Hobbies, Interests			
Are you agreeable to a background check?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have experience with seniors?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have experience with dementia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what kind?	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain?	

### Tell me why you want to volunteer with this program!

Signature:		Date:	
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