



Volunteer Services Application

PLEASE PRINT THIS FORM AND COMPLETE IT.

THEN FAX TO (202 – 730 - 3035 for DC) or (228 – 897 – 4017 for Gulfport)

The AFRH Volunteer Coordinator will be in contact within 2 business days.

Date: _____ I can volunteer at: _____ Gulfport MS _____ Washington DC

Name: (last)_____ (first)_____ (middle)_____	
Address:_____	
City: _____	State: _____ Zip Code: _____
Home Phone (____)____-_____	Cell Phone (____)____-_____
Work Phone (____)____-_____	Pager Num _____
E-mail Address _____	
Would you like to receive a free monthly AFRH Volunteer Newsletter? ___Yes ___No	
Current Occupation:_____	
Education: ___ High School ___ Some College ___ Vocational / Technical ___ 2 yr College	___ 4 yr College ___ Masters ___ Other _____

Interests/ Hobbies / Skills / Training:_____

Community Group Affiliations: (Clubs, Organizations, Church, etc.) _____

Previous or Present Volunteer Experiences:_____

Would you like to Volunteer for special events? (Check all that apply)
___ Yes ___ No ___ Depends on the event ___ Need more information

Days preferred to Volunteer: (Check all that apply)
___ Monday ___ Tuesday ___ Wednesday ___ Thursday
___ Friday ___ Saturday ___ Sunday ___ Holidays _____

Hours preferred: (Check all that apply)
___ Early Morning (0600-0800) ___ Morning ___ Afternoon ___ Evening

Volunteer Interests: (Check all that apply)
___ Office / Administrative ___ Teaching / Instructing ___ Arts / Crafts
___ Recreation (Games/Exercise) ___ Other _____

Volunteer Interests at the Medical Healthcare Center: (check all that apply)
___ Assisted Living ___ Long Term Care ___ Office / Administrative
___ Trip Escorts ___ Pet Therapy ___ Recreation Therapy (Games/Exercise)

Thank you for your interest in the AFRH Volunteer Program. All information is confidential. Your personal information or email address WILL NOT be released to any third party or marketing firm.