

# Seafarers' House Volunteer Application



DBASE: _____
Follow Up: _____
File: _____

Date \_\_\_\_\_

First Name _____	Last Name _____	
Street Address _____	Apartment # _____	
City _____	State _____	Zip Code _____
Home Phone (including area code) _____	Work Phone (including area code) _____	
Fax (including area code) _____	E-mail address _____	
Employer/School (if applicable) _____	Occupation _____	
Name of church (if applicable) _____		
Reference _____	Relationship _____	Phone (including area code) _____

How did you learn about Seafarers' House?  
\_\_\_\_\_  
\_\_\_\_\_

## AREA OF VOLUNTEER INTEREST:

- |   |   |
|---|---|
| <input type="checkbox"/> Counter Associate          | <input type="checkbox"/> Administrative Associate |
| <input type="checkbox"/> Driving                    | <input type="checkbox"/> Lawn/yard Associate      |
| <input type="checkbox"/> Ship Visitor               | <input type="checkbox"/> Maintenance Associate    |
| <input type="checkbox"/> Stocking/Pricing Associate | <input type="checkbox"/> Accounting Associate     |
| <input type="checkbox"/> Community Ambassador       | <input type="checkbox"/> Special Events Associate |
| <input type="checkbox"/> Other _____                |   |

Indicate your preferred day(s) of the week and time of day/night you prefer: (We are open seven days a week from 8:00AM – 2:30AM)  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your availability:  
Weekly      Bi-Monthly      Monthly      Occasionally

What are your special talents, skills and/or interests?  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any handicaps or limitations that would affect your mobility, communication, or ability to perform certain tasks?

No       Yes      If Yes, please explain: \_\_\_\_\_

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

Citizenship: \_\_\_\_\_ Passport # \_\_\_\_\_ or US Driver: \_\_\_\_\_

