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 34 Pearly Lane  
 Gardner, MA 01440  
 978-632-1230

*Program Volunteer Application*

Program you are interested in volunteering with: \_\_\_\_\_

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
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Educational Background: <i>(use back if needed)</i>	Dates	of Completion
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Work Experience: <i>(use back if needed)</i>	Dates	of Employment
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Do you speak another language than English?  No  Yes

If Yes, which one(s): \_\_\_\_\_

Do you have any areas of special training, skills, talents or licensure that might be useful as you volunteer with GVNA Healthcare, Inc.?

\_\_\_\_\_  
 \_\_\_\_\_

Where did you first hear about the GVNA Healthcare, Inc. Volunteer Program? \_\_\_\_\_

Have you ever been a volunteer before?  No  Yes If Yes, please describe:

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Did you participate in continuing education or training seminars during your previous volunteer assignment(s)?  No  Yes If Yes, please describe:

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Are there areas of interest that you would like to learn more about as you volunteer with the GVNA Healthcare, Inc.?  No  Yes If Yes, please comment:

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Do you have reliable transportation?  Yes  No

Please indicate the approximate number of hours, times and days you are available to serve as a volunteer: \_\_\_\_\_

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Please list three references:

Name	Address	Phone #
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**Certification and agreement:** I certify that the information on this application is true, complete and correct. I authorize the GVNA Healthcare, Inc. to contact my references.

\_\_\_\_\_  
Applicant's Signature      Date