

APPLICATION TO VOLUNTEER AT ASHLEY HOUSE

Date _____

Name _____
Last First Middle

Address _____

Home Phone _____

How did you hear about Ashley House? _____

Have you ever done volunteer work before? _____ If so, where? _____

Have you ever worked with medically fragile adults or children? _____ If yes, please describe where and what you did. _____

Why do you want to be a volunteer at Ashley House? _____

As a volunteer at Ashley House, what would you like to do? _____

Do you have any health problems that would limit your ability to volunteer? _____
If yes, please describe _____

Clubs _____ Hobbies _____

Please list two references:

Name Phone Address

Name Phone Address

If you are in school: School _____ Age _____

Reference _____
Teacher or Counselor

