

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

# Volunteer Application

Return to Molly Bouffard, Volunteer Coordinator



## Contact Information

Name	
Age	
Street Address	
City, State & Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

Weekday mornings \_\_\_ Weekend mornings \_\_\_  
Weekday afternoons \_\_\_ Weekend afternoons \_\_\_  
Weekday evenings \_\_\_ Weekend evenings \_\_\_

## Interests

Tell us in which areas you are interested in volunteering

\_\_\_ Administrative tasks / office work      \_\_\_ Seabury Auxiliary  
\_\_\_ Recreational Programs      \_\_\_ Village Store  
\_\_\_ Chapel Angel (*transport residents to Chapel*)      \_\_\_ Friendly Visiting  
\_\_\_ Holiday Decorating      \_\_\_ Create an opportunity of your own.  
\_\_\_ Musical Performance

## Volunteer Hours

How many volunteer hours do you need? \_\_\_\_\_ By what date do your hours need to be fulfilled? \_\_\_\_\_  
Is this for a class? \_\_\_\_\_ Name of School \_\_\_\_\_  
Name of Teacher & Class \_\_\_\_\_ If this is not for a class explain briefly why you choose to volunteer at Seabury: \_\_\_\_\_  
\_\_\_\_\_

## Special Skills and Interests

Tell us about yourself! What are some special skills you have? What activities, hobbies or sports do you enjoy?

## Previous Volunteer Experience

Summarize your previous volunteer experience. Where did you work? What did you do there?

## Previous Work Experience

Summarize your previous work experience. Where did you work? What were your responsibilities?

## References

Name:

Phone:

Name:

Phone:

## Person to Notify in Case of Emergency

Name	
Relationship to You	
Street Address	
City, State & ZIP Code	
Phone	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I authorize Seabury or any agent to contact any and all corporations, educational institutions, city, state and federal courts, to release information about my background. If an investigative consumer report is conducted, I will be notified in writing within three days from request of report.

Name (printed)

Signature

Date

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

*We are dedicated to providing the highest quality of life to the people we serve  
through excellence in personalized service.*

Molly Bouffard, Volunteer Coordinator  
200 Seabury Drive, Bloomfield, CT 06002  
mollybouffard@seaburyretirement.com 860.243.6041

Notes: (to be filled out by Volunteer Coordinator)