



VOLUNTEER
APPLICATION FORM

Thank you for your interest in assisting and making a difference in the lives of individuals and families struggling to cope with serious or terminal illness, by attending the next Nearcare Volunteer Orientation. We ask our volunteers to make a minimum of one-year commitment to working with Nearcare.

Name: _____ Date: _____
Address: _____ Phone: _____
City/State: _____ Zip: _____
Birthdate: ___ / ___ / _____ Occupation: _____
Employer: _____ Ph: _____
Employer's address: _____
Marital Status: _____ Name of Spouse: _____
Names & Ages of Children: _____
E-mail: _____ Cell #: _____

Under our current insurance policy, Nearcare is required to keep on file a copy of each volunteer's driver license which we will use to obtain a felony background check. This is protection for Nearcare, our clients, and our volunteers. Please check to acknowledge that you have read and received this notice. Thank you.

I, _____, understand that a mandatory background check will be performed. I give consent ____yes ____no for the background check.

I have enclosed a copy of my driver's license ____yes ____no

Signature: _____ Date: _____



EDUCATION:

Schools Attended	Graduated	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY:

Employers	Dates	Description of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE:

Organizations	Dates	Description of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INVOLVEMENTS:

Experiences, special skills, office skills, arts/crafts, music, foreign languages, or other interests?

Do you have a particular religious affiliation? (optional) Yes____ No____. Please Explain:

Do you have health related problems or physical limitations?



HISTORY:

Have you ever been convicted of any crime (other than a traffic violation), including sex related or child abuse offenses? YES _____ NO _____

If yes, please state offense, date and location:

(Note: A conviction record will not necessarily be a cause for disqualification)

AUTOMOBILE:

Do you have a driver's license? YES _____ NO _____

Do you have daytime access to car? YES _____ NO _____

Are you willing to provide transportation? YES _____ NO _____

WHY DO YOU WANT TO BE A VOLUNTEER?

Why are you interested in taking the Nearcare Training Program?

Has someone close to you died within the last year? If yes, please explain the circumstances:

HOW DID YOU BECOME AWARE OF THE NEARCARE TRAINING PROGRAM?

Radio Station _____ If yes, on what station? _____

Newspaper article _____ Poster _____

Other (please specify) _____ Word of Mouth _____

Time available for volunteer work: Day _____ Evening _____ Weekends _____

NAMES OF PERSONAL REFERENCES WE MAY CONTACT:

Name: _____ Occupation: _____

Address: _____ Phone: _____

How known to applicant? _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

How known to applicant? _____

Please return this application to 142 Bay Street, Glens Falls, NY 12801. Thank you again for your interest in serving with Nearcare. We look forward to meeting you .