

The Green House at Calvary Volunteer Information Sheet

Name: _____ Age: _____

Phone: _____

Address: _____

Emergency Contact Person: _____

Phone: _____

Health info you need to share: _____

Schedule preference: _____ Morning _____ Afternoon _____ Evening

Days available: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ Friday _____ Saturday _____ Sunday

Special Skills you possess: (Hobbies, Talents, Training)

Volunteer Activities of Special Interest:

Arts & Crafts _____	Exercise class _____	Birthday Parties _____
Holiday Parties _____	Current Events _____	Bingo _____
Ball play _____	Table Games _____	Perform Musically _____
Visiting _____	Outdoor play _____	
Other _____		

Maintenance/Housekeeping:

_____ Dusting Common Areas _____ Watering Plants _____ Yard Work

General Assistance:

_____ Assist Marketing with packets _____ Newsletter _____ Other