

**MARCC Volunteer Application Form**

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

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

Telephone # \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

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

Please circle your age group: Under 18 18-35 36-50 51 & over

How did you hear about MARCC? \_\_\_\_\_

Please describe briefly any volunteer work you have done: \_\_\_\_\_

Please list any hobbies or special skills you have: \_\_\_\_\_

Please circle the type(s) of volunteer work you are interested in:

1. Socialize with participants

5. Help with special events

2. Help with activities

6. Assist participants with personal cares

3. Help with office tasks

7. Other, please specify: \_\_\_\_\_

4. Help serve meal

Please check the day and time you are available:

Monday \_\_\_\_\_ 10a.m.-1p.m. \_\_\_\_\_ 1p.m.-4p.m. \_\_\_\_\_ 10a.m.-4p.m.

Tuesday \_\_\_\_\_ 10a.m.-1p.m. \_\_\_\_\_ 1p.m.-4p.m. \_\_\_\_\_ 10a.m.-4p.m.

Wednesday \_\_\_\_\_ 10a.m.-1p.m. \_\_\_\_\_ 1p.m.-4p.m. \_\_\_\_\_ 10a.m.-4p.m.

Thursday \_\_\_\_\_ 10a.m.-1p.m. \_\_\_\_\_ 1p.m.-4p.m. \_\_\_\_\_ 10a.m.-4p.m.

Friday \_\_\_\_\_ 10 am- 1pm \_\_\_\_\_ 1pm-4pm \_\_\_\_\_ 10am-4pm \_\_\_\_\_

Do you have any physical restrictions that might limit the type of work you can do?

\_\_\_\_\_ No \_\_\_\_\_ Yes, please specify: \_\_\_\_\_

Please check what physical condition you are in:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Emergency

Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Volunteer

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

*As a state certified adult daycare, Marshfield Area Respite Care Center is required to do background checks every two years on all staff and volunteers.*