

Visitation House Inc.  
PO Box 25  
DeLand FL 32721

Volunteer Application Form

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone\_\_\_\_\_

Email\_\_\_\_\_

Preferred method of contact Home phone Cell Phone

Email

Work status (optional) Currently employed  Self-employed

Retired

Faith (*optional*)       Catholic                       Christian                        
Other

Personal References

1.Name \_\_\_\_\_ phone \_\_\_\_\_

2.Name \_\_\_\_\_ phone \_\_\_\_\_

3.Name \_\_\_\_\_ phone \_\_\_\_\_

Have you ever been convicted of a crime?     No                       Yes (please  
explain) \_\_\_\_\_

Have you ever volunteered before?                       No                       Yes (please  
specify)

\_\_\_\_\_

Have you been fingerprinted for a position?     No                       Yes  
(please specify) \_\_\_\_\_

## Areas of Interest

### Resident Support

- Arts & Crafts
- Childcare
- Cooking
- Health / healthcare
- Mentoring/teaching
- Maintenance
- Other Skill
- Transportation

### Organizational Support

- Special Events – Fat Friday Gala
- Special Events – Baby Bottle Drive
- Special Events – Other
- Office / Admin support
- Finance / bookkeeping
- Grant research / writing
- Community Outreach
- Board Member

### Facility Support

- Trade (Plumbing/electric/carpenter/HVAC, etc)
- General Maintenance (yard work, painting, etc)
- Other (please list)

Availability (please check all that apply)

Days     Sun         Mon    Tues    Wed    Thu    Fri  

Sat

Hours    ampm whenever needed

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

\_\_\_\_\_What attracted you to

volunteer at Visitation House?\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in Visitation House. We look forward  
to working with you!