



FRIENDSHIP STATION RESPITE

VOLUNTEER APPLICATION

Name: _____ Preferred First Name: _____

Date of Birth: ____/____/____ Gender: ____ Ethnicity: _____

Home Church (if applicable): _____

Your Address: _____

Email Address: _____

Primary Phone#: _____ Home: _____ Cell: _____

Preferred Method of Communication:(Please Circle) EMAIL-PHONE-TEXT

In Case of an Emergency, call: _____

Their Phone Number: _____ Relationship: _____

Getting to Know You – Please share the following information with us.

Hobbies/Interests	Unique/Special Skills	Previous Work Experience

Please check any (and all) service areas that interest you:

Greeter	Participant/ Friend	Lunch Organization	Lunch Prep	Activity Planning	Activity Leading	Devotional	Mind Joggers	Music
Art	Data Entry	Greeting Cards	Community Outreach	Community Marketing	Public Speaking	Social media	Organization	Other

How would you describe your Personality Type: _____

Spiritual Gifts: _____

When are you available to join us?

Days: (Please Circle) Tuesdays/Wednesdays/Thursdays/ALL

Frequency: (Please circle) Each Friendship Station Day/ 1x week/as Needed

**When will you be able to begin _____ Friendship
Station Respite Program**