



INDIVIDUAL VOLUNTEER APPLICATION

A Grace PLACE 8030 Staples Mill Road Richmond, VA 23228
804-261-0205 ext 111 fax: 804-261-5755 www.agraceplaceacc.org

APPLICANT INFORMATION *(please print)* **Date:** _____

Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Phone (day): _____ **Phone (evening):** _____

Email: _____

Age: Under 21 ____ 21-30 ____ 31-60 ____ 60+ ____

References: (required)

1. **Name:** _____ **Phone:** _____

Address: _____

2. **Name:** _____ **Phone:** _____

Address: _____

Emergency Contact Person:

Name: _____ **Phone:** _____

Relationship: _____

Interests, Skills, Hobbies, Talents: _____

Previous Volunteer Experience: _____

Previous Experience with Persons with Disabilities?

Yes ____ No ____

Community Affiliations: _____

Why are you interested in volunteering? *(please check all that apply)*

- School Credit
- Community Service
- Experience
- Personal Interest
- Disney's "Give a Day, Get a Day"
- Other *(please specify)*

How did you hear about A Grace PLACE's volunteer opportunities? *(please check all that apply)*

- Workplace
- Friend/Acquaintance
- A Grace PLACE's website
- Another online source *(please specify)*
- Other *(please specify)*



INDIVIDUAL VOLUNTEER APPLICATION (continued)

What type of volunteer work interests you? (please check all that apply)

- 1:1 Client Interaction
- Serving Meals
- General Administrative Help
- Project Management
- Art
- Music Therapy
- Pet Therapy
- Physical Fitness
- Nutrition Guidance
- Horticulture Therapy
- Videographer
- Vegetable Gardening
- Copy Writing
- Newsletter Development
- Grant Writing
- Website/Social Networking Maintenance
- Database Development
- Construction/Maintenance
- Agency Beautification
- Other (please specify) _____

Availability:

For how long can you commit to volunteering at A Grace PLACE?

- once a week
- once a month
- other (please specify) _____
- I cannot commit to a regular schedule at this time

Which days are you available? Mon Tues Wed Thurs Fri

Hours available: From _____ A.M. to _____ P.M. (AGP is open from 7am-6pm)

Do you prefer to work: alone with an individual with a group no preference

Starting date: _____

Applicant's Signature: _____ **Date:** _____

Please return this completed form to **Lynne Seward, CEO** at A Grace PLACE.

Email: lynneseward@agraceplaceacc.org

Fax: 804-261-5755

Questions? Please call 804-261-0205 x111

US Postal Service:

A Grace Place Volunteers
ATTN: Lynne Seward, CEO
8030 Staples Mill Road
Richmond, VA 23228

For Office Use Only

References Contacted (please mark): _____ Date: _____

Disney Volunteer? _____ Volunteer Contacted: _____ Date: _____ Start Date: _____