



# Volunteer Application

Please return to the Volunteer Office: 151 Charlotte St., Canandaigua, NY 14424

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

Email: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

<p><b>Emergency Contact (s)</b>          In case of an emergency, on my behalf, please notify:</p> <p>Person (s) to Alert: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Day Phone: _____ Eve. Phone: _____</p> <p>My doctor is: _____</p> <p>Out of (Health Facility/Location): _____</p> <p>Phone: _____</p>
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What prompted you to volunteer at Sonnenberg? \_\_\_\_\_

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What days/times are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

Will you be available as a short-notice substitute? \_\_\_\_\_

What additional skills/experience do you feel you can share at Sonnenberg as you help serve our guests? \_\_\_\_\_

\_\_\_\_\_

Volunteers are expected to follow all rules and regulations noted in the Volunteer Handbook. Please remove the Confidentiality Policy/Verification Record from the handbook, sign it, and return it to the Volunteer Coordinator or to the Volunteer Office. On the back of this sheet, please indicate your areas of interest. If you have any questions, contact the Volunteer Coordinator at 585-394-4922.

