LEGACY HOUSE
VOLUNTEER APPLICATION

Please return to:
Legacy House
2505 North Arlington Avenue
Indianapolis, IN 46218
Questions – call: (317) 554-5272

(Opportunities for volunteers at Legacy House and Wishard Health Services are provided without regard to religion, creed, race, national origin, financial status, sexual orientation, age, gender, or disability.)

Name: ____

Address: ____ City: ______________________________

State: __________ Zip: _______________ Home Phone: _____________________

Pager/Cellular: ________________________ Email Address: _________________________________

Are you under 18 years of age? _____Yes_____No

Employer: ____ Work Phone: ______________________

Position & Major Responsibilities: ____

In case of illness or emergency, whom would you wish us to notify?

Name: ____ Home Phone: _____________________

Relationship: _____________________ Work Phone: _____________ Pager/Cellular: ____________

Availability

Days of the week:___________________ Number of days per week___________________

Hours of availability: ______________________________

Education:

_____High School _____Tech./Trade School _____College Grad. _____Attending College

If currently attending Trade School or College, area of study: _____________________________________

Degree(s) / Licenses / Certification: ____

What type of volunteer experience are you interested in?

_____Children's Programs _____Speaker's Bureau _____Special Events

_____Clerical Support _____Foster Pet Program _____Community Outreach

Why do you wish to volunteer at Legacy House? ______________________________________

____

List special skills, interests, hobbies:____

____

Previous Volunteer Experience:

Organization Name: ______________________________ Telephone Number: _________________

Volunteer Position: _______________________________ Supervisor's Name: __________________

Date of Service: ________________ Describe volunteer duties: ________________________________

REFERENCES: (Please do not include relatives.)

NAME	JOB TITLE	ADDRESS	PHONE #	RELATIONSHIP

Have you ever been convicted of a criminal case more serious than a minor traffic violation? ___Yes ___No
If yes, specify date, charge, place and action taken. ____

I consent to the release of any record of criminal convictions by any law enforcement agency to Legacy House and Health and Hospital Corporation.

I certify that the information in this application is true. I understand that falsification of any information in this application can lead to my termination and that Legacy House and/or Health and Hospital Corporation may verify the information on this application. I will not hold any person or organization liable for releasing such information to Legacy House and/or Health and Hospital Corporation.

Applicant's signature: ____ Date: ________________

Parent / Guardian signature (for ages 14 – 17)

Signed: ____ Date: ________________