



John Knox Village

John Knox Village Volunteer Services Application

(Please Print)

Name: _____ Social Security Number: _____
First, MI, Last (Required)*

Address: _____ Apt. #: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Birth Date (Optional): _____
(m/d/yr)

Gender: M F

Are you employed? Yes No Full Time? Yes No

Can you be called at work: Yes No Work Number: _____

Emergency Contact Person: _____

Contact's Relationship to You: _____

Contact's Phone Number: _____

Contact's Cell Phone Number: _____

Please indicate when you are available to volunteer (check all that apply):

Sundays	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>
Mondays	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>
Tuesdays	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>
Wednesdays	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>
Thursdays	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>
Fridays	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>
Saturdays	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>

Signature: _____ Date: _____

**John Knox Village, in accordance with state law, requires all volunteers to complete a Family Care Safety Registry background check within 10 days of the beginning of volunteer services. Opportunities for volunteers are provided without regard to race, color, religion, sex, age, national origin, disability or any bases prohibited by applicable law.*

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Please check the skills that apply to you:

Office and/or Technical Skills

Accounting	<input type="checkbox"/>	Microsoft Windows	<input type="checkbox"/>
Booking Appointments	<input type="checkbox"/>	Operating Movie Equipment	<input type="checkbox"/>
Cashiering	<input type="checkbox"/>	Reception Desk Skills	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
Excel	<input type="checkbox"/>	Typing	<input type="checkbox"/>
Filing	<input type="checkbox"/>		

Creative Skills

Board Games	<input type="checkbox"/>	Painting	<input type="checkbox"/>
Coloring	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Crafts	<input type="checkbox"/>	Scrapbooking	<input type="checkbox"/>
Decorating	<input type="checkbox"/>	Sewing	<input type="checkbox"/>
Drawing	<input type="checkbox"/>	Singing	<input type="checkbox"/>
Jewelry Making	<input type="checkbox"/>	Writing	<input type="checkbox"/>
Knitting/Crocheting	<input type="checkbox"/>	Woodworking	<input type="checkbox"/>
Musical Instruments	<input type="checkbox"/>		

Other Skills

Activities that Require Walking	<input type="checkbox"/>	Reading Books	<input type="checkbox"/>
Calling Bingo	<input type="checkbox"/>	Receiving	<input type="checkbox"/>
Caring for Pets	<input type="checkbox"/>	Restaurant/Food Service	<input type="checkbox"/>
Collectibles	<input type="checkbox"/>	Retail Sales	<input type="checkbox"/>
Commitee	<input type="checkbox"/>	Running Errands	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	Selling Advertising	<input type="checkbox"/>
Electronics	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Foreign Language	<input type="checkbox"/>	Sorting/Organizing	<input type="checkbox"/>
Gardening/Plants	<input type="checkbox"/>	Spiritual	<input type="checkbox"/>
Gift Shop	<input type="checkbox"/>	Stocking Clothing	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	Stocking Groceries	<input type="checkbox"/>
Previous Experience with Seniors	<input type="checkbox"/>	Stocking Housewares	<input type="checkbox"/>
Pricing	<input type="checkbox"/>	Visiting Others	<input type="checkbox"/>
Pushing Wheelchairs	<input type="checkbox"/>	Working with Students	<input type="checkbox"/>

Complete Application:

Once you have completed the application, please return it to Director of Resident Life Kelli Snell (located in the Resident Life office across from the chapel) or email it to her at knsell@jkv.org.