

Aurora House of Western Monroe County  
P. O. Box 21  
Spencerport, NY 14559  
585-313-9553  
info@aurorahousewmc.com

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone(Home): \_\_\_\_\_ Phone(work)(optional): \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Church/organization affiliation(optional): \_\_\_\_\_

Emergency Contact Person(name & number): \_\_\_\_\_

Area of Interest:(check as many as interest you)

\_\_\_\_ Resident Care

\_\_\_\_ Volunteer Coordinating

\_\_\_\_ Housekeeping

\_\_\_\_ Event Planning

\_\_\_\_ Property

\_\_\_\_ Public Relations/Promos

\_\_\_\_ Office,Correspondence,Phones

\_\_\_\_ Fund Raising

\_\_\_\_ Finance

\_\_\_\_ Bereavement

\_\_\_\_ Computer

\_\_\_\_ Grant writing

\_\_\_\_ Photographer

\_\_\_\_ Food prep

Do you have a computer that you can use for A.H. Activity? Y/N

Would you prefer communications from AH in Email or via US Postal service? EMAIL / POSTAL SERVICE

Type of work you have or currently are engaged in: \_\_\_\_\_

Number of hours you wish to volunteer: \_\_\_\_\_

Please state your restrictions of time: \_\_\_\_\_

Please state your special skills, talents or other information you wish to share: \_\_\_\_\_

\_\_\_\_\_