



**Leeway appreciates all their volunteers and is grateful for their time and dedication to serving our residents! Our volunteers do more than give back. They not only make a difference in the lives of our residents; they are essential to helping us achieve our goals and execute our purpose.**

Please complete this application form if you are interested in becoming a Leeway volunteer. Once you complete the form, please click the submit button at the bottom. Please note Leeway requires volunteers to be a minimum of 18 years of age.

### **Volunteer Application**

#### **Personal Information**

Full Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *Zip Code*

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

#### **Related Work or Volunteer Experience**

Organization or Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

#### **Related Work or Volunteer Experience**

Organization or Company Name: \_\_\_\_\_

Title: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

#### **Emergency Contact Information**

\_\_\_\_\_ *Last* *First*



Address:

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Have you previously volunteered at Leeway?**

- Yes  No

*If so, when?* \_\_\_\_\_

**Are you currently or have you ever been employed by Leeway?**

- Yes  No

**Do you have any relatives currently employed at Leeway?**

- Yes  No

*If yes, please provide names.* \_\_\_\_\_

**How did you hear about Leeway?**

- Brochure or Flier  Religious Group or Affiliation  Word of Mouth  
 Friend or Family Member  School Resource  Other \_\_\_\_\_  
 Leeway Staff Member  Website

**Please list your availability.**

- Sunday \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
 Monday \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
 Tuesday \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
 Wednesday \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
 Thursday \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
 Friday \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM  
 Saturday \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM



Please indicate any **Holidays** and **Events** that you would be able to volunteer.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New Year's Day                       | <input type="checkbox"/> Good Friday                   | <input type="checkbox"/> Labor Day         |
| <input type="checkbox"/> Martin Luther King, Jr. Day          | <input type="checkbox"/> Easter Sunday                 | <input type="checkbox"/> Thanksgiving Day  |
| <input type="checkbox"/> Super Bowl Sunday                    | <input type="checkbox"/> Mother's Day                  | <input type="checkbox"/> Christmas Eve     |
| <input type="checkbox"/> Valentine's Day                      | <input type="checkbox"/> Memorial Day                  | <input type="checkbox"/> Christmas Day     |
| <input type="checkbox"/> Mardi Gras                           | <input type="checkbox"/> Father's Day                  | <input type="checkbox"/> St. Patrick's Day |
| <input type="checkbox"/> Independence Day                     |  |  |
|   |  |  |
| <input type="checkbox"/> AIDS Walk (April)                    | <input type="checkbox"/> Memorial Service (Sept)       |  |
| <input type="checkbox"/> Volunteer Appreciation Event (April) | <input type="checkbox"/> First Responders Event (Sept) |  |
| <input type="checkbox"/> Passion Play (Good Friday)           | <input type="checkbox"/> Leeway's Anniversary (Oct)    |  |
| <input type="checkbox"/> National Day of Prayer (May)         | <input type="checkbox"/> World AIDS Day (Dec 1)        |  |
| <input type="checkbox"/> Yale Day of Service (May)            | <input type="checkbox"/> Nativity Play (Dec)           |  |
| <input type="checkbox"/> Nurses Week (May)                    |  |  |

**Do you speak any languages in addition to English?**

- Yes                                       No

If yes, please list: \_\_\_\_\_

**Are you interested in having a recommendation letter written on your behalf? (Note: Recommendations need to be requested at least a week in advance to one of the Volunteer Coordinators).**       Yes               No

**Are you currently enrolled in school?**

- Yes                                       No

**If you responded yes to being in school: What is your status?**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> High School   | <input type="checkbox"/> Freshman  |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Sophomore |
| <input type="checkbox"/> Graduate      | <input type="checkbox"/> Junior    |



Other \_\_\_\_\_

**If you responded yes to being in school: Are you volunteering to meet school requirements?**

Yes  No

**What activities are you interested in?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Administrative Internship | <input type="checkbox"/> Group Facilitation   | <input type="checkbox"/> One-on-One Conversations |
| <input type="checkbox"/> Computers                 | <input type="checkbox"/> Inspirational Topics | <input type="checkbox"/> Pastoral/Spirituality    |
| <input type="checkbox"/> Arts and Crafts           | <input type="checkbox"/> Jewelry Making       | <input type="checkbox"/> Social Media Promotion   |
| <input type="checkbox"/> Buddy Program             | <input type="checkbox"/> Journaling           | <input type="checkbox"/> Social Skill Building    |
| <input type="checkbox"/> Community Walks           | <input type="checkbox"/> Music Lessons        | <input type="checkbox"/> Scrapbooking             |
| <input type="checkbox"/> Events                    | <input type="checkbox"/> Music Performance    | <input type="checkbox"/> Tutoring                 |
| <input type="checkbox"/> Games                     | <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Gardening                |
| <input type="checkbox"/> Knitting/Crocheting       |   |   |

**Please list other talents/gifts that you would like to share:**

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I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained in my application will be verified by Leeway, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Leeway, Inc. or my termination as a volunteer.

I also understand the importance of volunteer work at Leeway. I agree to observe the rules and policies of Leeway, Inc.; to notify the appropriate personnel when I am unable to come on my assigned day; and to perform my duties with dignity, courtesy, confidentiality, and compassion.

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Applicant Signature

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Date

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Applicant Printed Name