

Armed Forces Retirement Home - Volunteer Services

Community Volunteer Application

(Please Print)

FAX: 202-541-7621

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

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

Please Include Area Codes

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Pager/Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Education:  High School  Some College  Vocational / Technical  
 2 yr College  4 yr College  Masters  Other \_\_\_\_\_

Interests/ Hobbies / Skills / Training: \_\_\_\_\_  
\_\_\_\_\_

Community Group Affiliations: (Clubs, Organizations, Church, etc.) \_\_\_\_\_  
\_\_\_\_\_

Previous or Present Volunteer Experiences: \_\_\_\_\_  
\_\_\_\_\_

Would you like to Volunteer for special events? (Check all that apply)  
 Yes  No  Depends on the event \_\_\_\_\_

Days preferred to Volunteer: (Check all that apply)  
 Monday  Tuesday  Wednesday  Thursday  
 Friday  Saturday  Sunday  Holidays \_\_\_\_\_

Hours preferred: (Check all that apply)  
 Early Morning (0600-0800)  Morning  Afternoon  Evening

Volunteer Interests: (Check all that apply)  
 Office / Administrative  Recreation  Arts / Crafts   
 Teaching / Instructing  Other \_\_\_\_\_

Volunteer Interests at the Healthcare Center: (check all that apply)  
 Assisted Living  Long Term Care  Office / Administrative  
 Recreation Therapy (Games/Exercise)  Trip Escorts  Pet Therapy

3 References: Name and Phone Numbers and/or email

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*All information is confidential. Your personal information or email address will NOT be released to any third party or marketing companies.  
Thank you for your interest in the AFRH Volunteer Program.*