



Enjoy Your Life Therapies

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Weekly Hours: _____

School/ Major: _____

Do you like being creative? YES NO Do you enjoy helping people? YES NO

Do you need volunteer hours for school? YES NO If yes, how many? _____

Do you have any hobbies? YES NO

If yes, explain: _____

Emergency Contact Information

Contact Name : _____ Phone Number: _____

Relation : _____ Address: _____

Volunteer opportunities

These are some of the volunteer areas that we offer, please select which you are most interested in.

Office organization		Marketing/ Social Media	
Teach/Lead Craft Class		Clean up	
Event Planning		Shadowing	
Program Planning		Other	

Hours of Availability

Please list days and times you are available and would like to volunteer.

	Time In	Time Out	# of hours for day
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer opportunity with Enjoy Your Life Therapies, I understand that I would be working with or around people with impairments and need to have the compassion, empathy, and patience to be a volunteer here. Able to lift at least 20lbs if assigned to clean up. I understand I will be required to complete HIPPA training upon orientation.

Signature: _____ Date: _____