

Reach Out Morongo Basin
P.O. Box 2225
Twentynine Palms, CA 92277
www.ReachOutMB.org

PHONE: 760-361-1410 / 760-369-8671

FAX: 760-361-5206

VOLUNTEER APPLICATION

_____ Twentynine Palms Office

_____ Yucca Valley Office

Date: _____

Personal Information

Name _____

Address: _____

Mailing Address (if different from above) _____

Phone: _____ (Work) _____ Email: _____

Best time to call: _____

Birthdate: ____/____/____ Age _____

Congregation attending _____

Previous Volunteer Experience _____

Occupation (Circle one: Past or Present) _____

Other interests and or hobbies that will help us to make a good match (such as education, general interests, hobbies, languages spoken, etc.) _____

Volunteer Preferences

Volunteer assignment choices: (Please check as many as you are willing to accept)

- | | |
|---|--|
| <input type="checkbox"/> Visiting | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Personal Business Assistance | <input type="checkbox"/> Yardwork |
| <input type="checkbox"/> Light Housework | <input type="checkbox"/> Shopping and Errands |
| <input type="checkbox"/> Minor Home Repairs | <input type="checkbox"/> Office |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other |

I can volunteer *(Please check all that are applicable):

- | | | |
|---|---|--|
| <input type="checkbox"/> Mornings after _____ | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings after _____ |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once a Week | <input type="checkbox"/> More than once a week |
| <input type="checkbox"/> As Needed | <input type="checkbox"/> Once a month | |

Reach Out Morongo Basin
P.O. Box 2225
Twentynine Palms, CA 92277
www.ReachOutMB.org

PHONE: 760-361-1410 / 760-369-8671

FAX: 760-361-5206

I could visit/help more than one person: Yes No
Number of persons _____

I am a smoker: Yes No I am willing to visit a smoker: Yes No

I am allergic to pets: Yes No

I prefer to volunteer: Any place I am needed Only through my congregation

Do You have any physical condition that may limit your activities? Yes No
If yes, please explain _____

Who to notify in case of emergency?

Name: _____ Relationship: _____

Address: _____

Telephone number: _____

References – Please list two persons we may call who are not family.

Name: _____

Address : _____

Phone Number : _____

Relationship : _____

Name: _____

Address : _____

Phone Number : _____

Relationship : _____