

LINCOLN CRAWFORD  
1346 Lincoln Avenue  
Cincinnati, Ohio 45206  
VOLUNTEER APPLICATION

Return Application c/o: Activities/Volunteer Program  
Office: 861-2044; FAX 861-0034

1. Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Referred by: \_\_\_\_\_ School \_\_\_\_\_  
(If applicable)
2. Age: (If under age 20, indicate birthdate) \_\_\_\_\_
3. Preferred Volunteer Opportunity \_\_\_\_\_
4. Frequency with which you wish to volunteer: (Check preference)  
Once \_\_\_\_\_ Twice \_\_\_\_\_ Every other \_\_\_\_\_ Longer \_\_\_\_\_  
Weekly \_\_\_\_\_ Weekly \_\_\_\_\_ Week \_\_\_\_\_ Intervals \_\_\_\_\_
5. Time / Day Preference (Check One) Day(s) \_\_\_\_\_  
Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_
6. Do you wish to put a time limit on your volunteer commitment?  
One \_\_\_\_\_ Two \_\_\_\_\_ Six \_\_\_\_\_ Total \_\_\_\_\_  
Month \_\_\_\_\_ Months \_\_\_\_\_ Months \_\_\_\_\_ Hours \_\_\_\_\_
7. Length of time you wish to serve per day: (Select one)  
One \_\_\_\_\_ Two \_\_\_\_\_ Longer \_\_\_\_\_  
Hour \_\_\_\_\_ Hours \_\_\_\_\_ Hours \_\_\_\_\_
8. Are there any skills drawn from previous experiences you would care to use  
in volunteer work? (Other languages, hobbies, crafts, music, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
9. List the organizations or clubs to which you belong \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Why did you choose to volunteer at Lincoln Crawford?

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

11. Previous Employment and Volunteer Work: (Include Dates)

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

12. Education: (If presently in school, list the name and grade)

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

Indicate special education or training which you feel is relevant to working with elderly persons:

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

13. Hobbies, skills, special interests \_\_\_\_\_

\_\_\_\_\_

14. In case of emergency:

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

or Physician \_\_\_\_\_ Phone \_\_\_\_\_

15. Have you had a Tuberculin Test recently? \_\_\_\_\_ Date \_\_\_\_\_

16. References: (Other than family members)

(1) Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Parent's or Guardian's signature (If under 18) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_