

ENSO HOUSE VOLUNTEER APPLICATION

Please print clearly

Return application to Enso House 6339 Wahl Road Freeland, WA 98249
Tel & FAX: 360-331-4699 email: director@ensohouse.org

NAME: _____
 First M.I. Last

ADDRESS: _____

 City State Zip

PHONE: Daytime: _____ Evening: _____

May we leave a message? _____

E-MAIL ADDRESS: _____

BIRTHDAY: (day and month): _____

AVAILABILITY: Please indicate times and days you may be available to volunteer.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings	()	()	()	()	()	()	()
Afternoons	()	()	()	()	()	()	()
Evenings	()	()	()	()	()	()	()
Nights	()	()	()	()	()	()	()

Other _____

AREAS OF INTEREST: Please tell us in what role(s) you would most like to volunteer.

Skilled Caregiving: Please specify relevant experience/ training/licensure

Caregiving Assistance: Preparing Meals _____
 Providing Companionship _____
 Running errands _____
 Reading _____
 Writing _____
 Going for outings _____
 Providing transportation _____
 Other (specify) _____

Specialized Resources: Please specify relevant experience/training/licensure
Massage (specify type) _____
Reiki _____
Therapeutic Touch _____
Aromatherapy _____
Music Therapy _____
Art Therapy _____
Garden Therapy _____
Pet Therapy _____
Counseling (specify type) _____
Bereavement Support _____
Other (specify) _____

Facility support: Please specify relevant experience/training
Gardening _____
Housekeeping _____
Laundry _____
Carpentry _____
Maintenance _____
Other (specify) _____

Administration: Please specify relevant experience/training/certification
Fundraising _____
Volunteer coordination _____
Newsletter _____
Computer work _____
Clerical _____
Other (specify) _____

Other (specify): _____

Do you have any physical limitations? _____

Are you currently working or studying? _____ Full time? _____ Part time? _____

What is your occupation/course of study? _____

How did you hear about the program? _____

VEHICLE ACCESS

Do you own or have access to a reliable, insured vehicle? _____

Please indicate the type of vehicle you have access to:

- Car that seats one passenger
- Truck
- Car that seats 2-3 passengers
- Van
- Other: _____

We will need a copy of your driver's license and verification of your automobile insurance.
Please bring these to your interview.

EMERGENCY CONTACT

Name: _____ Relationship: _____

Tel: _____

REFERENCES Please supply the name, address, and phone number of two references who are not related to you.

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

SIGNATURE Please read the following carefully and sign.

I certify that the information supplied on this application is true and complete to the best of my knowledge. I understand that this information is confidential within Enso House.

Signature of applicant

Date

Thank you for considering Enso House as an opportunity for volunteering and service. We appreciate the time and thought involved in completing this application. Please return this application to: Director, Enso House, 6339 Wahl Road, Freeland, WA 98249
FAX: 360-331-4699 e-mail:director@ensohouse.org