



VOLUNTEER APPLICATION

Thank you for your interest in volunteer opportunities with Carmel Health & Living Community. Please complete this application and return by mail or drop off at our front desk. Please call for directions if needed.

Carmel Health & Living Community
118 Medical Drive
Carmel, IN 46032
(317) 819-8145

Name _____ Date _____

Address _____

Phone _____ Email _____

Date of Birth _____ Gender: Male Female

Emergency Contact Person

Name _____ Relationship _____

Phone _____

Volunteer Interests (please check and describe your interests)

Crafts _____

Music _____

Sewing/Needlework _____

Spiritual/Religious Activities _____

Other Interests/Hobbies _____

Do you prefer (please check all that apply)

Large group activities Small group activities One-to-one activities

Days/Times Available _____

Previous Volunteer Experience _____

Two References (Business or Personal)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Permission given to complete a criminal background check?

Yes No

IF UNDER 18, does a Parent or Guardian approve?

Yes No

Parent or Guardian (to verify permission)

Name _____

Address _____

Phone _____ Email _____

Volunteer's signature

Date

Supervisor's signature

Date