



PO Box 1029
Columbia SC 29202
803-926-0505

VOLUNTEER APPLICATION FORM

Name: _____
(Title) (Last) (First) (Middle)

Address: _____
(City) (State) (Zip)

Telephone: Daytime () _____ Evening () _____

Email Address: _____

Occupation: _____

Date of Birth: _____ Education (circle one): 12 14 16 16+ years

Specific Training/Education: _____

Past/Present Volunteer Services: _____

Type of volunteer work desired? _____

Available Hours: Day ____ Afternoon ____ Evening ____ Overnight ____ Weekend ____

Do you have your own transportation? _____

Skills/Interests/Hobbies: _____

References

Name Complete Address

Relationship Telephone

References

Name Complete Address

Relationship Telephone

How did you hear about Sistercare? _____

What is your reason (s) for volunteering? _____

Are you a survivor of domestic violence? _____

Medical Assessment Section

The information requested in this section is confidential and designed to assist in an emergency. Please answer **yes** or **no** to all of the following:

Allergic Reactions	yes/no	Hypertension	yes/no
Asthma	yes/no	Heart Problems	yes/no
Diabetic	yes/no	Seizures	yes/no
Dizziness/Fainting	yes/no	Weakness	yes/no

Please explain any medications you take that may have significant side effects?

Other medical conditions: _____

In Case of Emergency Contact:

Name Relationship Address

Day Telephone Evening Telephone

Doctor's Name Telephone

Health Insurance Preferred Hospital

To the best of my knowledge, the information provided is correct. I give Sistercare, Inc. permission to contact my references and in the case of becoming a children's volunteer, to perform a background check.

Applicant's Signature Date Completed

Sistercare, Inc.
Letter of Recommendation

You have been listed as a reference for _____ who is applying for a volunteer position with Sistercare, Inc. Your assessment will not disqualify the applicant, but will help identify the most appropriate volunteer position. Please complete this form and return it in a separate envelope as soon as possible to complete the training process.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant (employer, friend etc.)? _____

Please rate the applicant on a scale from 1 to 5. Please circle one.

Question	Excellent		Average		Needs Improvement	Don't Know
Ability to assume responsibility?	5	4	3	2	1	?
Ability to remain calm in a crisis situation?	5	4	3	2	1	?
Willingness to comply with rules?	5	4	3	2	1	?
Physical health?	5	4	3	2	1	?
Creativity?	5	4	3	2	1	?
Initiative?	5	4	3	2	1	?
Ability to relate to children?	5	4	3	2	1	?
Ability to keep confidentiality?	5	4	3	2	1	?
Listening skills?	5	4	3	2	1	?
Dependency?	5	4	3	2	1	?

3. Would you recommend this applicant? Why or why not? _____

4. Please make additional comments here. _____

Name (print) Phone

Signature

Date

Thank you for your cooperation in this matter. This is necessary to match the needs of Sistercare with the needs of the volunteer. Please let me now if you have any questions.

Sincerely,
Tamika L. Sims
Coordinator of Volunteer Services & Community Outreach