



## New Rochelle Cares AIP      **Volunteer Application Form**

**Please call 914 563-8368 to Volunteer**

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

Life/Occupational Experience: \_\_\_\_\_

*Please check the area (s) of interest to you:*

I can provide	Services	Please circle days available
	Transportation	S M T W Th F S
	Assistance with home tasks	S M T W Th F S
	Limited home maintenance	S M T W Th F S
	Gardening advice and help	S M T W Th F S
	Planning and organizing social and educational events	S M T W Th F S
	Technology assistance with computers	S M T W Th F S
	Friendly phone calls and/or visits	S M T W Th F S
	Fundraising	S M T W Th F S
	Help in office with mailings and creating lists	S M T W Th F S
	Enter data into the database	S M T W Th F S
	Assist with newsletter	S M T W Th F S
	Assist with communication and publicity	S M T W Th F S
	Outreach to community	S M T W Th F S
	Member Recruitment	S M T W Th F S
	Events	S M T W Th F S

Hours/Schedule you prefer to volunteer \_\_\_\_\_

What would you like to do as volunteer if not listed above? \_\_\_\_\_