

## Friendship Home Group Volunteer Application

Date: \_\_\_\_\_

Name of Organization/Group: \_\_\_\_\_

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name and Position of Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

How did you hear about Friendship Home and volunteer opportunities? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper                | <input type="checkbox"/> Friend/Family/Neighbor         |
| <input type="checkbox"/> Website/Internet         | <input type="checkbox"/> Co- Worker                     |
| <input type="checkbox"/> Television Commercial/Ad | <input type="checkbox"/> University/College/High-School |
| <input type="checkbox"/> Radio Station: _____     | Name of School: _____                                   |
| <input type="checkbox"/> Other: _____             |   |

Volunteer Group Activities/Projects: (Please check all that apply and circle the activity with highest interest)

- |  |  |
|--|--|
| <input type="checkbox"/> Adopt a Room (paint & redecorate) | <input type="checkbox"/> Needed Items Drive    |
| <input type="checkbox"/> Yardwork & Outdoor                | <input type="checkbox"/> Children's Advocate   |
| <input type="checkbox"/> Cleaning Indoors                  | <input type="checkbox"/> Baked Goods/Meals     |
| <input type="checkbox"/> Children's Art & Craft Activity   | <input type="checkbox"/> Transportation/Moving |
| <input type="checkbox"/> Special Events:                   | <input type="checkbox"/> Special Talent: _____ |
| <input type="checkbox"/> Safe Quarters                     | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Stuff the Bus                     |  |

Requested Date for Volunteer Project: \_\_\_\_\_ From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Alternate Date & Time: \_\_\_\_\_

Number of Volunteers in Group: \_\_\_\_\_

Names of Participants/Volunteers: (print first and last name below)

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Other Comments/Concerns:

**\*Please mail completed form to Friendship Home, Attn: Julie R., P.O. Box 30268, Lincoln, NE 68503 or fax Attn: Julie R. at 437-9368 and telephone 437-9367 for delivery confirmation.**

*Thank you for your interest in Friendship Home. We will process your request immediately and contact you soon.*