



**Rudolf Steiner
Fellowship Foundation**
241 Hungry Hollow Road
Chestnut Ridge, NY 10977-6111
(845) 356-8494 ext. 2

VOLUNTEER APPLICATION FORM

OFFICE USE ONLY:

_____ Date Rec	_____ Interview YK & CA
_____ Text to YK & CA	_____ Copy to EX
_____ File in Vol Bk	_____ Mentor: YK/CA
_____ DB Entry	_____ Training Date

Applicant's Name _____ Age: Under 18 18 - 30
 _____ Gender: 31 - 50 51 and up

Address _____ City _____ State _____ Postal Code _____

Email _____ Cell Phone _____ Home/Work Phone _____

Volunteer Time Availability: **M** **Tu** **W** **Th** **F** **Sa** **Su**
 Please circle day(s) and write in hours available
 (example 8:30 am-4pm or 3pm-8pm)

Areas of Expertise/Interest:

ADULT CARE:	CHILD CARE:	FARM (ANIMALS):	FARM (FIELDS):
Companion Care (singing, music, storytelling, taking members for walks, etc.)	Teaching	Animal Care	Greenhouse
Elder Care	Babysitting	Milking Cows	Planting/Harvesting
Other (please specify): _____	Special Needs Care	Processing Milk	Processing Vegetables
	Young Child Care	Making Cheese/Yogurt	Weeding
	Other (please specify): _____	Other (please specify): _____	Other (please specify): _____

SPECIALTY SKILLS:	WORK SHOP SKILLS:	ADMINISTRATIVE/OFFICE:	GENERAL UPKEEP:
Carpentry	Book-Making/Press	Fund-raising	Cooking/Chef Experience
Computer (IT)	Candle Making	Grant Writing	Kitchen Clean-Up
Electrical	Doll Making	Development	Laundry
Home Health Aide	Metal Working	Receptionist	Landscaping
Nursing	Pottery	Graphics/Media	Gardening
Plumbing	Weaving	Other (please specify): _____	Library
Vehicle Maintenance	Wood-Working		Other (please specify): _____
Other (please specify): _____	Other (please specify): _____		

Other skills/interests/talents you wish to include not listed above (please describe):

Previous volunteer and/or eldercare experience (list specifics for eldercare; dementia, Alzheimer's, wheelchairs, etc.):

How did you become acquainted with the Fellowship Community?:

Please share why you would like to volunteer with the Fellowship Community:

Do you have any physical or dietary restrictions? If so, please describe:

Please provide two references - one personal (not a relative) and one professional.

1. Name:

2. Name:

Address:

Address:

Phone/Cell:

Phone/Cell:

Relationship:

Relationship:

Person to notify in case of emergency:

Name(s) of spouse/children (if they wish to help):

Name:

Name:

Age:

Address:

Name:

Age:

Phone/Cell:

Name:

Age:

Relationship:

Name:

Age:

Agreement and Signature

As a human care facility, we often place the lives and welfare of the very young and very old in the hands of volunteers. Therefore, as a foundation we need to assure those in our care that new volunteers are qualified (from a moral perspective, not work experience per se) for such responsibility. We therefore ask for your understanding concerning the need for this question.

Name (printed): _____

Signature: _____

Date: _____

Thank you for completing this application form and for your interest in volunteering at the fellowship community. If you have any questions about this form or volunteering, please contact:

Yasmin Khan

Phone: (201) 913-3242

Email: yasminpkhan33@gmail.com

Carol Avery

Phone: (212) 941-6484

Email: carol.avery@fellowshipcommunity.org