



**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 CA
_____ File in Vol Bk	_____ Mentor: CA
_____ DB Entry	_____ Training Date
_____	_____

_____	_____	Age:	Under 18	18 - 30
Applicant's Name	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:

Companion Care
(singing, music, storytelling, taking
members for walks, etc.)

Elder Care

Other (please specify):

CHILD CARE:

Teaching

Babysitting

Special Needs Care

Young Child Care

Other (please specify):

FARM (ANIMALS):

Animal Care

Milking Cows

Processing Milk

Making Cheese/Yogurt

Other (please specify):

FARM (FIELDS):

Greenhouse

Planting/Harvesting

Processing Vegetables

Weeding

Other (please specify):

SPECIALTY SKILLS:

Carpentry

Computer (IT)

Electrical

Home Health Aide

Nursing

Plumbing

Vehicle Maintenance

Other (please specify):

WORK SHOP SKILLS:

Book-Making/Press

Candle Making

Doll Making

Metal Working

Pottery

Weaving

Wood-Working

Other (please specify):

ADMINISTRATIVE/OFFICE:

Fund-raising

Grant Writing

Development

Receptionist

Graphics/Media

Other (please specify):

GENERAL UPKEEP:

Cooking/Chef Experience

Kitchen Clean-Up

Laundry

Landscaping

Gardening

Library

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:

Contact the Volunteer Coordinator:

Carol Avery

Phone: (212) 941-6484

Email: carol.avery@fellowshipcommunity.org