



Fellowship Community

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:
Please circle day(s) and write in hours available
(example 8:30 am-4pm or 3pm-8pm)

	M	Tu	W	Th	F	Sa	Su
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Areas of Expertise

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 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 the Foundation Office.

Foundation Office: Phone: 845-356-8494 ext. 2

Email: rsffoffice@fellowshipcommunity.org