



600 N. Robbins Road P.O. Box 1100 Boise, Idaho 83701
Telephone 208-489-4916; Fax 208-489-4054 www.idahoelksrehab.org

Adult (18 and over) Volunteer Application

Date: _____

First Name Last Name

Street

City State Zip

Phone Number: Home: _____ Work: _____

Email: _____ Birth Date: _____

Have you been convicted of a crime? Yes No (If Yes, you will be asked to explain at interview)

Occupation: _____ Condition of Health: Excellent ___ Good ___ Fair ___

Previous Experience:

1. As a volunteer: _____ How Long: _____

Reference Name: _____ Phone: _____

2. Other Employment: _____

Reference Name: _____ Phone: _____

Education or Special Training: _____

Hobbies, Skills, Special Interests: _____

Community Affiliation: _____

Please feel free to attach a resume to this application to help expedite volunteer placement.

My areas of preference are:

1. _____

2. _____

3. _____

Days & Times Preferred:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

Name & Address of person to be contacted in case of illness or emergency:

Name Address Phone

Physician's Name: _____

Volunteer Services Coordinator: Sandi Borup sborup@elksrehab.org, PH: 489-4916, FAX: 489-4054