

Plano Community Homes Volunteer Application

Name:	
Address:	City, State, & Zip:
Daytime Phone:	Alternate Phone:
Email:	Group Affliation:
How were you referred to Plano Commi	unity Homes?
Have you ever been convicted of a felony	y or participated in a drug or alcohol program?
Do you need the volunteer hours you sen	rve at our facility documented?
Emergency Contact:	Phone:
	LLS & INTERESTS
Volunteer Experience:	
Hobbies & Interests:	
Do you speak any other language other t	than English? If so, please list
	h Plano Community Homes?
	cement?
	AVAILABILITY Afternoons Evenings
-	er? Mornings Afternoons Evenings
vy outd you, occasionally, be available to	volunteer on weekends? Yes No

VOLUNTEER F Personal Relationships/ One-on-one w	
On site Activities	. 222 2 3 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3
Off-site Activities	
Transportation	
Office Work	
Housekeeping Tasks	
Other	
Activity Preferences:REFERI	
List two personal references other than family n	
Name:	Phone:
Name:	Phone:
SIGNATURE I certify all of the above information is correct to the best of my ability and understand that any misrepresentation of self or false information could lead to the loss of volunteer privileges.	
	Date:
Signature of Applicant (Parent or Guardian, if applicant is under age of	