



**Priddy Manor Assisted Living, LLC**

1294 Priddy Road  
King, NC 27021  
Voice: 336-983-3068  
Fax: 336-985-6098

## **Volunteer Application**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Education: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Have you been convicted of a felony within the past five years?  Yes  No

If YES, please explain \_\_\_\_\_

Tell us about your volunteer experience \_\_\_\_\_

What accommodations, if any, would you need to do this volunteer position?

When are you able to volunteer?

Time of day \_\_\_\_\_ Day(s) of week \_\_\_\_\_ How often per month? \_\_\_\_\_

What interests, skills, training, or knowledge do you wish to share with the residents?

What training, resources, or support do you anticipate needing to do volunteer work?

**I hereby attest that the above information is true to the best of my knowledge and consent to a reference and criminal background check.**

Signature \_\_\_\_\_

Please provide two personal or professional references:

	<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>
1.	_____	_____	_____
2.	_____	_____	_____