



Priddy Manor Assisted Living
9919 Foxx Oak Place
Charlotte, NC 28210

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:

Table with 3 columns: Name, Phone Number, Relationship. Rows 1 and 2 for references.