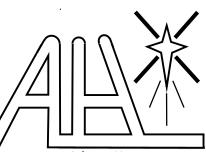
I came that they might have life, and have it more abundantly. John 10:10

Perinton Ecumenical Ministries, Inc.



Advent House 1010 Moseley Road Fairport, NY 14450 (585) 223-6112

VOLUNTEER APPLICATION

| Last Name | First Name | | | |
|---|----------------------------|--|--|--|
| Address | | | | |
| CityS | StateZip | | | |
| Email Address | Phone | | | |
| Church Affiliation (optional) | | | | |
| Emergency Contact Person | | | | |
| | | | | |
| Area of Interest (check as many as ap | ply) | | | |
| Resident Care | Event Planning/Fundraising | | | |
| Housekeeping | Public Relations | | | |
| Property | Bereavement | | | |
| Office (scheduling, correspondence) | | | | |
| | | | | |
| Present Occupation | | | | |
| Date of Birth (optional) | Are you over 18? | | | |
| Number of Hours you are willing to work per month | | | | |
| | | | | |
| Date CompletedSign | nature | | | |
| | | | | |

This section for resident care givers only:

Preferred Shifts (circle as many as applicable)

| Weekday Mornings | Weekday Afternoons | Weekday evenings |
|------------------------|-----------------------------|------------------|
| Weekend Mornings | Weekend Afternoons | Weekend Evenings |
| Regular Weekly Shift | Regular Twice a month Shift | |
| Floating Sub as needed | | |

(For Office Use Only)

Correspondence_____

Interview Date_____

Start Date_____