

# The Well at Sunnyside

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## VOLUNTEER FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail address \_\_\_\_\_

Birth Date: \_\_\_\_\_ How can we best contact you: Phone Mail e-Mail

List any medical conditions and response required: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Church or Organization Affiliation (optional): \_\_\_\_\_

Skills: \_\_\_\_\_

Passions: \_\_\_\_\_

### Please indicate the activities for which you would be willing to serve

<input type="checkbox"/> Free store	<input type="checkbox"/> Administrative	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Meal Preparation
<input type="checkbox"/> Meal Serving	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Food drives	<input type="checkbox"/> Computer Support
<input type="checkbox"/> Special Events	<input type="checkbox"/> Prayer Partner	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Transportation	<input type="checkbox"/> Ohio Benefit Bank	<input type="checkbox"/> Facility Maintenance	

When can you volunteer? Days: \_\_\_\_\_ Times: \_\_\_\_\_

Anything else you would like to share with us? \_\_\_\_\_

**Return this form to:  
The Well at Sunnyside  
721 S Fayette St  
Washington CH, OH 43160**

*This information will not be shared with any other group/organization without your consent.*

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### **For office use only**

Start Date: \_\_\_\_\_ Primary Position: \_\_\_\_\_ Frequency: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Comments: \_\_\_\_\_