



VOLUNTEER APPLICATION

NAME:

ADDRESS:

PRIMARY PHONE:

SECONDARY PHONE:

Special Area of Interest:

Days and/or times you are most available:

Emergency Contact Name/Number:

Primary Care:

Primary Care Phone:

Any Medical Conditions? Please list:

Any Allergies or other information to disclose?

Have you ever been convicted or had adjudication withheld in a criminal offence other than a minor traffic violation or are there any criminal charges now pending against you other than a minor traffic violation? If Yes, please explain:

What is your experience with people in Recovery?

Why are you interested in volunteering at Tucker's House?

Your signature indicated your willingness to comply with the policies of Tucker's House and respect the privacy of individuals and issues of confidentiality that may arise during the time you are volunteer.

Signature: _____ Date: _____

Thank you for your time. It is greatly appreciated!

Form eff 3-27-2023