



## VOLUNTEER APPLICATION

Thank you for your interest in volunteering. Please complete this form and return to address below.

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

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_ (please print)

Permanent Resident: \_\_\_\_\_ Part-time Resident from: \_\_\_\_\_ to \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

State of Health: Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_

Do You Speak A Foreign Language: \_\_\_\_\_ If yes, what? \_\_\_\_\_

Please tell us about any special skills, hobbies or interests that might be an asset to our residents.

Interests: Please check all that apply:

Mary's House of Hope Residence – 2925 Montclair Ave., Fort Myers, FL 33901:

Nursery/Babysitting     Kitchen Duties     Phone/Clerical  
 Knit/Crochet/Sew     Cooking/Baking Demonstration     Tutoring/Teaching  
 Special Activities     Crafts/Holiday Preparation     Other

Transportation:

Appointments     Shopping     Outings/Recreational     Food Pickup  
 Girls as Volunteers     Working Girls     Other Transportation Needs

Spiritual:

Would you be interested in being a mentor?     Taking girls/babies to church services

Signed: \_\_\_\_\_

P.O. Box 2306, Fort Myers, FL 33902-2306

Phone: (239) 878-3702 / E-mail: [whurt@maryshouseofhope.org](mailto:whurt@maryshouseofhope.org) / Website: [www.maryshouseofhope.org](http://www.maryshouseofhope.org)

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