



# VOLUNTEER APPLICATION FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Relevant Education: (PT/OT/physical fitness, Parkinson's specific, sports background etc...):

Available times to volunteer (circle all that apply):

- Monday:**      Afternoon      Evening
- Tuesday:**    Morning          Afternoon    Evening
- Wednesday:** Afternoon      Evening
- Thursday:**    Morning          Afternoon    Evening
- Friday:**        Afternoon
- Saturday:**    Morning

Other Volunteer Experience: \_\_\_\_\_

What experience do you have with Parkinson's disease? \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

<p><b>(STAFF USE)</b></p> <p>Date of RSB Training Camp Completion: ____/____/____</p> <p>Volunteer Received Copy of Responsibilities: _____</p> <p>Signed Waiver _____</p> <p>Assigned Days/Times to Volunteer: _____</p>
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