



Shepherd's Corner

Ecology Center
Dominican Sisters of Peace

Volunteer Application

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ ZIP: _____

Occupation: _____ Email: _____

Are you age 13 or older? Yes _____ No _____

In case of emergency contact: _____ Phone: _____

Cell Phone: _____

Group affiliation (if any): _____ How did you hear about us? _____

Availability: Check the days and times you are available and willing to volunteer

Volunteer Times

	Morning	Afternoon
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Volunteers Times for Animal Chores (age 18 or older)

	Morning	Evening
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Do you prefer to volunteer on: a regular basis _____ special projects only _____ Weekly _____

Monthly _____ Quarterly _____ Alone _____ with Others _____

What type of volunteer work interests you at Shepherd's Corner? (e.g.: gardening, animal care, general labor). **What skills would like to share?**

Do you have any physical/medical/other limitations that you would like us to be aware of? Do you have any allergies that would be helpful for us to know? (e.g. bees, poison ivy)

Other comments/suggestions:

Are you willing to have a background check?

yes **no**

Contract:

Shepherd's Corner is non-profit organization providing volunteer opportunities. An individual's decision to volunteer or participate in any activity or event is entirely voluntary. Volunteers assume all risks inherent in or associated with his, her or their participation in the activity or event. Volunteers also take responsibility for their own level of fitness. (If under 18, a parent / guardian must sign)

Signature: _____ Date: _____

Guardian signature (if under 18): _____ Date: _____

Shepherd's Corner

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