



Circles of Caring Adult Day Health

588 SE. Bishop Blvd. Pullman, WA 99163
Phone: (509)334-6483 Fax: (509)334-6484
Website: www.CirclesofCaring.org

Volunteer Application

Name: _____ Date: _____

Address: _____

Phone: _____ Best time to reach you: _____

Email: _____ May we text you? Yes No

Emergency Contact: _____ Relationship: _____

Phone (s): _____

Days and Times available: _____

School

High School: _____ Graduated Yes No

College: _____ Degree: _____

Graduated or Expected Graduation: _____

Work or Volunteer Experience

Employer/Agency: _____ Dates to and from: _____

Address: _____ Phone: _____

Supervisor: _____ May we contact: _____

Describe your Responsibilities: _____

Employer/Agency: _____ Dates to and from: _____

Address: _____ Phone: _____

Supervisor: _____ May we contact: _____

Describe your Responsibilities: _____

Your Goal for Volunteering at Circles of Caring Adult Day Health: _____

Office use only:

Orientation: _____

Start Date: _____

End Date: _____

Total Number of Hours: _____