

**VOLUNTEER APPLICATION**  
**Project Compassion, Inc.**  
**1205 South Albert Pike**  
**P. O. Box 3489**  
**Fort Smith, AR 72913**  
**projectcompassion@sbcglobal.net**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Birthday: Month \_\_\_\_ Day \_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ (address for mail)

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Where do you prefer that we contact you? (check one) Home \_\_\_\_ Work \_\_\_\_ Mobile \_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Who should we contact in case of emergency? \_\_\_\_\_

How did you hear about Project Compassion? \_\_\_\_\_

Personal References: Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Areas of Expertise and Interest (check all that apply):

\_\_\_ Visiting a Resident In the Nursing Home

\_\_\_ Events (Luncheons, Awards)

\_\_\_ Administrative/Office

\_\_\_ Volunteer Recruitment

\_\_\_ Media and/or Public Speaking

\_\_\_ Programs/Services/Development

\_\_\_ Long/Short Term Planning/Policies

\_\_\_ Finance/Fundraising

\_\_\_ Other: \_\_\_\_\_

What do you feel you bring to Project Compassion \_\_\_\_\_

What do you hope to get out of your volunteer job \_\_\_\_\_

Project Compassion, Inc. may do a criminal background /current TB test/HIPPEA check on me. \_\_\_ Yes \_\_\_ No  
Project Compassion, Inc. may use my photo for publicity in print or television regarding my volunteer work Yes \_\_\_ No

Signature \_\_\_\_\_

**For Office Use Only:**

Name pin ordered _____	Date _____	Name pin paid for _____	Nursing Home _____
Key Person called _____	Date _____	Orientation Date _____	