

**NEIGHBORS IN NEED  
VOLUNTEER APPLICATION**

**Applicant's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home/Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Best Time of Day To Reach You** \_\_\_\_\_

**Person To Contact In An Emergency:** \_\_\_\_\_

\_\_\_\_ Presently Employed

\_\_\_\_ Unemployed

\_\_\_\_ Self-Employed

\_\_\_\_ Retired

\_\_\_\_ Other \_\_\_\_\_

**List your employers for the past three years beginning with your most recent employer:**

Firm	Dates	Position
_____	_____	_____
_____	_____	_____

**Please list as a reference someone in the helping profession (Nurse, Counselor, Doctor, Lawyer, Minister, etc.) who knows you:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Check your highest level of formal education:**

\_\_\_\_ Grade School \_\_\_\_ High School \_\_\_\_ College

**List any degrees received** \_\_\_\_\_

**Field of Training** \_\_\_\_\_

**Hobbies and Interest s** \_\_\_\_\_  
\_\_\_\_\_

**If you have worked as a Volunteer before please complete the following information:**

<b>Organization</b>	<b>Type of Volunteer Work</b>
_____	_____
_____	_____
_____	_____
_____	_____

**How did you hear about the Neighbors In Need Program Volunteer Program:**  
\_\_\_\_\_

**List any special skills that you are willing to use in your volunteer work for Neighbors In Need (i.e. Listening skills, interviewing, telephone work, publicity, computer, clerical etc.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you had any special training these areas? \_\_\_ Yes \_\_\_ No**

**Describe in your own words why you are interested in working with Neighbors In Need:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return To: Neighbors In Need  
P.O. Box 8721  
Kalispell, MT 59904**

**Questions: 752-7266**