

# A ROOM TO HEAL

## VOLUNTEER APPLICATION



Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_  
 Employer: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

How would you like to be involved in *A Room to Heal* (check all that apply)?

Room Project

Join a committee: Room Selection, Volunteer Management, Finance, Fundraising, Governance, Technology, Design, Marketing & Promotion (please specify): \_\_\_\_\_

Office assistance/administrative

Special events

Other (please specify): \_\_\_\_\_

I would prefer:

One-time opportunities  Short-term opportunities  Long-term opportunities

How did you learn about volunteer opportunities at *A Room to Heal* (check all that apply)?

Word of mouth (through friends, family members, other volunteers)

Personally asked to volunteer by *ARTH*

News media (Press & Sun, WBNG, etc.)

Social media (Facebook, Twitter)

Other (please specify): \_\_\_\_\_

What skills (work experience, life experience, hobbies, education) are you interested in sharing (check all that apply)?

<input type="checkbox"/> Office assistance/administrative	<input type="checkbox"/> Grant writing
<input type="checkbox"/> Interior design	<input type="checkbox"/> Finance/bookkeeping
<input type="checkbox"/> Painting	<input type="checkbox"/> Public relations/communication
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Medical (nursing)
<input type="checkbox"/> Experience working with youth	<input type="checkbox"/> Social work
<input type="checkbox"/> Strategic planning	<input type="checkbox"/> Nonprofit (board, program director, etc.)
<input type="checkbox"/> Architecture	<input type="checkbox"/> Construction
<input type="checkbox"/> Other (please specify): _____	

Briefly describe your skills (ex. ADA renovations, etc.): \_\_\_\_\_

\_\_\_\_\_

Please indicate any special interests or talents as well as any personal goals or concerns in the space below: \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with a felony?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Due to the nature of our work, *A Room to Heal* reserves the right to conduct a background check on all individuals interested in volunteering.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian (if under 18): \_\_\_\_\_

**Thank you for your interest in volunteering with *A Room to Heal*.  
We will be in touch with you shortly to discuss available volunteer opportunities.**

*Please print and mail to:*

*A Room to Heal, Inc.*  
Attn: Director of Volunteers  
P.O. Box 503  
Vestal, NY 13851-0503

*Or scan and e-mail to:*

[aroomtoheal@gmail.com](mailto:aroomtoheal@gmail.com)

Please indicate 'ARTH Volunteer Application' in the subject line