



VOLUNTEER APPLICATION FORM

Date ____/____/____

Name: _____ DOB: ____/____/____

Address: _____ City: _____ ST: _____ Zip: _____

Employer: _____ Occupation: _____

Phone: () _____ - _____ Email address: _____

Relevant Education: (PT/OT/physical fitness, Parkinson's specific, sports background etc...):

Available times to volunteer (circle all that apply):

- Monday:** Afternoon Evening
- Tuesday:** Morning Afternoon Evening
- Wednesday:** Afternoon Evening
- Thursday:** Morning Afternoon Evening
- Friday:** Afternoon
- Saturday:** Morning

Other Volunteer Experience: _____

What experience do you have with Parkinson's disease? _____

Why do you want to be a volunteer? _____

<p>(STAFF USE) Date of RSB Training Camp Completion: ____/____/____ Volunteer Received Copy of Responsibilities: _____ Signed Waiver _____ Assigned Days/Times to Volunteer: _____</p>
