



NeuroVitalityCenter

Volunteer Application

Please include your Resume with application

Contact Information		
Full Name	Date:	
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	
Email		
Business/Organization		
Occupation	Title	
Work Phone	Work Fax	
Education and Experience - if currently in school, please designate		
Undergraduate Institution	Degree	
Graduate Institution	Degree	
Honors/Awards		
Organizational Affiliations (boards/committees and/or volunteer service)		
Skills and Interests		
What skills would you bring to the Neuro Vitality Center?		



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Areas of Interest (check all that apply):	
<ul style="list-style-type: none"><input type="checkbox"/> Programming assistance<input type="checkbox"/> Dining Room assistance<input type="checkbox"/> Administration assistance<input type="checkbox"/> Office and Front Desk assistance<input type="checkbox"/> Activities assistance<input type="checkbox"/> Exercise and Physical activities<input type="checkbox"/> Speech assistance<input type="checkbox"/> Nursing assistance<input type="checkbox"/> Social worker assistance	<ul style="list-style-type: none"><input type="checkbox"/> Special Event assistance<input type="checkbox"/> Driving and delivery assistance<input type="checkbox"/> Fundraising assistance<input type="checkbox"/> Outreach/Advocacy assistance<input type="checkbox"/> Kitchen assistance<input type="checkbox"/> Maintenance assistance<input type="checkbox"/> Handyperson assistance<input type="checkbox"/> Other _____<input type="checkbox"/> Other _____
Is there anything else you would like to share?	

Thank you for your interest in volunteering at the Neuro Vitality Center