



Preserving Our Past to Serve Our Future

ADULT VOLUNTEER APPLICATION

**Thank you for volunteering with the Friends of Johnston!
We truly appreciate your time and effort. Please Print Clearly**

Name: _____

Address: _____

Email: _____ **Cell phone:** _____

Date of Birth: _____ **Social Security #** _____

Emergency Contact: Name: _____ **Phone:** _____

*****All adult volunteers must complete child abuse background check.**

Please mark the days and times that you are able to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-12							
12-5							

How many hours a week can you volunteer? _____

Interests. Please circle all that apply:

Gardening Construction Education Wellness History

Web design Communications Grant Writing Event Planning

Employer: _____ **Profession:** _____

Relevant experience: _____

Special Skills: _____

Interests or Hobbies: _____