

Farmingdale Adult Day Care Center

Volunteer Intake Form

DATE: _____

Occupation & or Special Talents

Name:					
Address:					
City:					
Home Phone #					
Cell#					
Emergency Contact:					
Emergency Contact#:					
(year optional) Birth Date					
Church Affiliation: <i>(check one)</i>	<input type="checkbox"/> FUMC	<u>ANY MEDICAL CONDITIONS</u>			
	<input type="checkbox"/> ST. KILLIANS				
	<input type="checkbox"/> ST. LUKES	<u>PRESENT MEDICATIONS</u>			
	<input type="checkbox"/> ST. THOMAS				
	<input type="checkbox"/> NOT APPLICABLE				
Days Available for Volunteering <i>(circle one)</i>	Mon	Tue	Wed	Thur	Fri
Hours Available: <i>center is open 8:30am - 3:00pm</i>					
Desired Area of service. <i>i.e. Kitchen, Crafts, Games, etc.</i>					
REFERENCE #1					
NAME:					
ADDRESS:					
PHONE#:					
REFERENCE #2					
NAME:					
ADDRESS:					
PHONE#:					