



Name: _____

Address: _____

City: _____ State: _____ ZIP _____

Cellphone: _____ Home phone: _____ Email: _____

Availability: Daily
 Weekly (M, T, W, Th, F, SAT, SUN – circle preference)
 Other – Please specify _____
 Time of Day: Morning Afternoon Evening

Tell us how you would like to help Sheffield Place or select an area of interest below:

- Children’s Clinical Services group aide – Help staff with activities for children
- Fundraising – assist with special events to raise funds for Sheffield Place
- Community Ambassador – host a home party to inform friends about Sheffield Place
- Workplace volunteer – encourage fellow employees to support Sheffield Place events

Do you have previous volunteer experience? If yes, please describe the volunteer activity or position, the organization, and the dates you volunteered:

Volunteer Experience	Organization	Dates
Volunteer Experience	Organization	Dates

Volunteer Experience	Organization	Dates
Volunteer Experience	Organization	Dates

Current Employer: _____ Position/Title: _____

Work Phone: _____ Work Email: _____

Students – please complete the following information:

College/University _____ Major: _____

Special Skills: _____

Signature: _____ Date: _____

Questions? Please call 816.483.9927 x13 or dhanzlick@sheffieldplace.org