

VOLUNTEER APPLICATION FORM – ABBY’S HOUSE

NAME: _____

ADDRESS: _____

ZIP: _____

HOME TEL# _____ WORK TEL# _____

FAX# _____ E-MAIL: _____

HOW DID YOU HEAR OF THE ORIENTATION? _____

HOW ARE YOU FAMILIAR WITH ABBY’S HOUSE? _____

TELL US A BIT ABOUT YOURSELF (May include family, work, church, community work) _____

WHAT DO YOU FEEL YOU CAN BRING TO ABBY’S? _____

WHAT WOULD YOU LIKE TO RECEIVE FOR YOURSELF FROM VOLUNTEERING
HERE? _____

WHAT ISSUES OF CONCERN TO WOMEN DO YOU SEE AS ESPECIALLY
IMPORTANT? _____

IS THERE A PARTICULAR VOLUNTEER POSITION IN WHICH YOU ARE
INTERESTED? _____

WHAT ARE THE BEST DAYS/TIMES FOR YOU TO VOLUNTEER HERE? _____

Mail completed form to:

Jean Anger
Abby's House
52 High Street
Worcester, MA 01609