



Family House provides affordable, home-like accommodations for families of patients or individuals receiving health care services in the Peoria area. Fax your application to 309-685-8122 or email to famhouse@familyhousepeoria.org.

VOLUNTEER APPLICATION

Date: _____

Name: _____

Address _____ City _____ Zip _____

Phone: _____ Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Community Affiliations: _____

Describe work and/or volunteer responsibilities (duties, skills utilized, etc.): _____

Areas of Volunteer Interest (check all that apply):

- _____ General Housekeeping
- _____ General Maintenance
- _____ Providing Meals
- _____ Reception Desk
- _____ Other, please list _____

Days and Times Available (check all that apply):

Monday	___ 8 a.m. – 12 p.m.	___ 12 p.m. – 4 p.m.	___ 4 p.m. – 8 p.m.
Tuesday	___ 8 a.m. – 12 p.m.	___ 12 p.m. – 4 p.m.	___ 4 p.m. – 8 p.m.
Wednesday	___ 8 a.m. – 12 p.m.	___ 12 p.m. – 4 p.m.	___ 4 p.m. – 8 p.m.
Thursday	___ 8 a.m. – 12 p.m.	___ 12 p.m. – 4 p.m.	___ 4 p.m. – 8 p.m.
Friday	___ 8 a.m. – 12 p.m.	___ 12 p.m. – 4 p.m.	___ 4 p.m. – 8 p.m.
Saturday	___ 8 a.m. – 12 p.m.	___ 12 p.m. – 4 p.m.	___ 4 p.m. – 8 p.m.
Sunday	___ 8 a.m. – 12 p.m.	___ 12 p.m. – 4 p.m.	___ 4 p.m. – 8 p.m.

References (please do not list relatives):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Why do you want to volunteer at Family House? _____

I agree to a background check if applicable to my volunteer role: ___ Yes ___ No

Applicant's Signature _____