

**Memory Matters Hilton Head Island, SC
Volunteer Application**

Equal Opportunity Statement

Memory Matters does not discriminate because of race, creed, color, national origin, citizenship, sex, sexual orientation, age, marital status, or qualified disability, as defined by applicable law.

Name (Print)

_____/_____/_____
Last First Middle Initial SSN DL#

Address

Street City State Zip

Phone Home _____ Cell _____ Work _____

EMAIL: _____ Date of Birth (D/M) _____

How did you hear about us? _____

Why do you want to volunteer? _____

Availability – circle days and times

Monday Tuesday Wednesday Thursday Friday

Am or Pm

What is the maximum days per week you would like to volunteer? _____

What is the best time of day to reach you? _____

Skills/ (Please check all that apply)

- Clerical/filing/mailings/copying
- Receptionist (answering phones)
- Medical Training
- Nursing Home Experience
- Hobbies (please specify) _____
- Artistic and recreational skills (please specify) _____

Volunteer opportunities (please circle all that you are interested in)

Day Program Bluffton Farmer's Market Kitchen Assistant
Office work Special Events Community Education

PERSONAL HISTORY

Have ever been convicted of a crime? _____ if so, explain. _____

Where are you from? _____

Previous occupation _____

Educational Background: High school _____ Some College _____ College _____

Please list 2 professional references (name, address, phone number)

1. _____
2. _____

Do you have any allergies, medical conditions, or physical limitations that Memory Matters should be aware of in the event of an emergency?

Emergency Contact Person

Phone _____

Applicant's Certification and Agreement

1. In consideration of the position, I agree to conform to the rules and regulations of Memory Matters.
2. I have read and agree to the above and hereby certify that the facts I have provided in my volunteer application are true and complete.
3. I authorize Memory Matters to obtain information pertaining to my criminal justice record, employment record, medical, psychological background, military service, and or/education records. This release is for official use of Memory Matters only. Effective the date signed and continuing 6 months following the date of my signature.

Signature _____ Date _____

Office use only (all are required below)

COVID-19 Vaccination ____ / ____ / ____ COVID-19 Booster ____ / ____ / ____

Completed TB Test ____ / ____ / ____

Completed Volunteer Training Class ____ / ____ / ____

Continuing education training classes ____ / ____ / ____, ____ / ____ / ____,
____ / ____ / ____, ____ / ____ / ____, ____ / ____ / ____
____ / ____ / ____, ____ / ____ / ____

All questions may be directed to
Joy Nelson
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