



Volunteer Application – Phone A Friend

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Occupation: _____ Professional Licenses: _____ Date Available: _____

Available Days Monday Tuesday Wednesday Thursday Friday

Available Times Morning (9am-12pm) Afternoon (1pm-4pm) Evening (5pm-7pm)

Preference for a friend Male Female LGBTQ

Topics you like to talk about:
(E.g. Gardening, Family, Food, Art, Sports, Books, TV, Religion, News, Politics)

Topics you are not comfortable with: _____

Hobbies and Interests: _____

Please tell us a little about yourself: _____

How did you hear about us? Volunteer Website Email Sound Generations Website Other

What race do you identify with? Asian Black Hispanic Native American White Other

Are you a veteran? Yes No

I will contact by phone only Agree Disagree

I will not give financial, medical, or legal advice Agree Disagree

Release and Signature

I certify that my answers are true and complete to the best of my knowledge. In consideration for being permitted to attend, observe, participate in the activities and functions sponsored or co-sponsored by Sound Generations, I release, relinquish and waive any and all claims, demands, causes of action, liabilities, obligations, of any nature or kind, for personal injury, death or property damage which I may now or in the future hold against Sound Generations and their respective directors, officers, employees, agents, independent contractors, and representative, which arise out of or are related to my attendance, observation, participation, or engagement at any activities or functions sponsored or co-sponsored by Sound Generations.

Signature: _____ Date: _____