



**MARCO POLO CARE SERVICES
VOLUNTEER APPLICATION**

Name:.....

Address:.....

.....

Phone:(home).....(mob.).....

Email:.....

Note: *if applicant is under the age of 18 a parent or guardian must co-sign this application and the volunteer must be supervised at all times by a responsible adult.*

Availability: *(please circle)*

Preferred Days: Mon Tues Wed Thurs Fri Sat Sun

Times: AM

PM

Special interests/skills/hobbies

.....

.....

Signature:.....

Date:.....