



## AMSS Volunteer Ambassadors Application Form

### Personal Information

Full Name:	Date:
Phone:	Alternate Phone:
Address:	
Date of Birth:	Age:   Race:
Email:	
Driver's License (volunteer drivers only):	
How did you hear about AMSS?	

### Volunteer Opportunities (Check all you can offer)

Please note your availability in the area(s) of interest to you:

Offered Services	Availability (days, times, etc.)
<b>Transportation Services:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Appointment</li> <li><input type="checkbox"/> Shopping</li> <li><input type="checkbox"/> Social Activities</li> <li><input type="checkbox"/> Deliver Food</li> <li><input type="checkbox"/> Others</li> </ul>	
<b>In-Home Visits</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visits</li> <li><input type="checkbox"/> Meal Preparation</li> <li><input type="checkbox"/> Halal Meals on Wheels visit</li> <li><input type="checkbox"/> Paperwork (pay bills, fill out forms)</li> <li><input type="checkbox"/> Minor repairs (change light bulbs, etc.)</li> <li><input type="checkbox"/> Help with hobbies/gardening</li> <li><input type="checkbox"/> Others</li> </ul>	
<b>Friendly calls:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check-ins</li> <li><input type="checkbox"/> Reminder calls</li> </ul>	
<b>Your talents: Tell us what your special talents are: -</b>	

*For more information contact AMSS:*

Phone:  
Email:  
Mail:

#### For Office Use Only

Background Check  
Information in database  
File created  
Letters sent