



Brethren Care Village
2140 Center Street
Ashland, OH 44805
Phone: 419- 207-3020
FAX: 419-289-0715

VOLUNTEER APPLICATION

Please Print or Type:

Date _____

Name _____
Last First MI

Home Address _____
Street City/State Zip

Business Name & Address _____
Name
Street City/State Zip

() _____ () _____
Home Phone Business Phone E-Mail

Person to Notify in Emergency _____

Relationship _____ Phone () _____

Other Interests/Abilities _____

Please circle your volunteer interests: Crafts Games Scrapbooking
 Reading Music Walking Group Gardening Cards Bowling
 Exercise Quilting Computer Bingo
 One on One visits Special Events _____ Other