



**VOLUNTEER FORM**  
24423 100<sup>th</sup> Ave SE  
KENT, WA 98030  
253-813-2096 or 800-641-1718

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

How much time can you volunteer at Sunrise right now (Please circle all that apply)

Daily Weekly Monthly Once in awhile As needed Other? \_\_\_\_\_

Can you work: All day? Half a day? Other?

What special skills do you have that you would like to share at Sunrise?

\_\_\_\_\_  
\_\_\_\_\_

**What volunteer job(s) would you most like to help with (reading to patients, music activity, gardening, etc.)?**

Please let us know the best time to reach you. \_\_\_\_\_