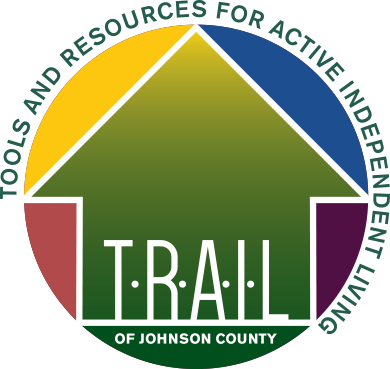
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**TRAIL Volunteer Application**

|  |
| --- |
| **Name: Date:** |
| **Home phone: Cell phone:** |
| **Home Address:** |
| **Email:** |
| **When do you want to volunteer? (Please highlight or circle all that apply)**  **M T W Th F Sat Sun 8-11 am 11 am - 2 pm 2-5 pm 5-8 pm 8-11 pm** |

|  |
| --- |
| **VOLUNTEER OPPORTUNITIES (please highlight or circle)** |
| **Transportation**  Local Transportation Airport Transportation |
| **In-Home Tasks**  Bulbs and Batteries Errands Friendly Visits Home Checks  Housekeeping Meal Preparation Miscellaneous  Moving Furniture Organizing Pet Care  Repairs Seasonal Décor Watering Houseplants |
| **Yard and Garden**  Garden/Weeding Landscaping Mowing Mulching  Sweeping Walkways Tree Trimming Watering Plants |
| **Health and Wellness**  Rise and Shine Medical Advocacy |
| **Technology**  Mac Support PC Support Social Media Telephone Other |
| Board/Committee Membership |

*THANK YOU!*