



Sweet Sleep™
a bed for every head

Volunteer Application

Please return completed applications to Emily Colledge at emily@sweetsleep.org

Personal Information:

Name: _____

Email Address: _____

Phone Number: _____

Address: _____

Date of Birth: _____

Occupation: _____

Employer/School: _____

Optional:

Church affiliation: _____

Skills and Interests:

Please provide a brief description of skills you have acquired from employment, previous volunteer work, or other activities, including hobbies or sports, etc. _____

Personal Statement:

How did you find out about Sweet Sleep?_____

Why do you want to volunteer at Sweet Sleep?_____

Availability:

What days and times would you be available to work at Sweet Sleep?_____

What tasks would you be most interested in helping Sweet Sleep accomplish?_____

Thank you for completing this application! Someone from our office will contact you shortly.