

For Office Use Only:



Mail to:
406 W. Church Ave.
Knoxville, TN 37902
(865) 633-9082

APPLICATION FOR VOLUNTEER SERVICES

Your interest in Random Act of Flowers is greatly appreciated. Please complete this application and return to the above address:

Name: _____ Date: _____
(Please Print) First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ (please star preferred contact #)

E-mail: _____

VOLUNTEER INFORMATION (Optional)

Occupation: _____

Employer: _____

Experience or special skills, hobbies or interests that would be helpful in your work with our program

How did you hear about Random Act of Flowers?

VOLUNTEER WORK PREFERENCE

Please mark any of the following areas you would be interested in working in: (more than one area can be checked)

Fundraising: ____

- Identify and contact potential donors
- Mailings (ie. print, fold, stuff, stamp, and mail)
- Special events (ie. manning booths, handing out flyers, taking tickets, etc.)
- Grant research and writing

Office work: (Please mark individually)

- **Professional Services**
 - Legal/Accnting ____
 - Bookkeeping ____
 - Administrative Support ____
- **Handyman Services**
 - Carpentry ____
 - Mechanical ____
 - Plumbing ____
 - Automobile Mechanics ____

Flower transportation: ____ (this work may require heavy lifting)

- Pick-up bouquets at Florist and drop-off at hospital/nursing home
- Pick-up recycled vase ware from area locations
- Pick-up donated flowers from area locations
- **Are you willing you use your own vehicle? ____**

Flower repurpose: ____

- Arranging bouquets
- Collecting and washing vase ware

Flower delivery: (Please mark individually)

- ____ **In hospitals.** Please note, there is extensive training involved and thus we ask for a long-term commitment.
- ____ **In nursing homes**

Are you available for last minute transport/repurpose/delivery requests? ____

If possible, I would like to visit: (more than one may be checked)

- Blount Memorial Hospital or Maryville ____
- Mercy Health St. Mary's or N Knoxville ____
- Park West Hospital or W Knoxville ____
- U.T. Medical Center or South Knoxville ____
- Local Nursing Homes as needed ____
- Suggest a Facility: _____

Please indicate your availability below:

Mon	Morn ____	Aft noon ____	Even ____
Tues	Morn ____	Aft noon ____	Even ____
Wed	Morn ____	Aft noon ____	Even ____
Thurs	Morn ____	Aft noon ____	Even ____
Fri	Morn ____	Aft noon ____	Even ____
Sat	Morn ____	Aft noon ____	Even ____
Sun		Aft noon ____	Even ____

Signature

Thanks for your interest in volunteering with Random Acts of Flowers!

