



**Aurora House**  
 902 S. Airport Drive #4, Weslaco, TX, 78596  
 Contact: Orlando Rivera  
 Phone: 973-5817 Fax: 968-8168  
**Volunteer Application**

Aurora House volunteer serve in many capacities. If you are interested in serving, please complete this application and return to Aurora House. Please print clearly.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Languages spoken: \_\_\_\_\_ Religious Affiliation (Optional) \_\_\_\_\_

Age (Optional): \_\_\_\_\_ Birth Month: \_\_\_\_\_ Birth Day: \_\_\_\_\_

Please mark the times you are available. Volunteers will not work later than 8 p.m. (not to exceed 4 hours per week.)

DAY	Morning 8 a.m. - noon	Afternoon Noon – 4 p.m.	Evening 4 – 8 p.m.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

May we call you whenever you are needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Occupation and Educational Background: \_\_\_\_\_

Previous volunteer experiences: \_\_\_\_\_

How did you hear about Aurora House? \_\_\_\_\_

Is their any particular volunteer job you are interested in? \_\_\_\_\_

Use the back of this sheet to tell us about yourself and why you are interested in becoming a volunteer. Consider the following in your reply.

- Your personal feelings with serious illnesses, with grief and your feelings and their effect on you
- Your feelings about cancer, AIDS, and stroke and their effects on your life
- The kinds of persons you anticipate difficulty with and why
- The sources of emotional support in your life
- Your concerns, if any, about the transmissibility of AIDS
- Any particular skills you would like to tell us about