

Volunteer Application

Name: _____

Date: _____

Phone Number: _____

Date of Birth: _____

Address: _____

Please indicate why you want to volunteer:

List any prior experience in volunteer work:

Are you currently employed? Yes / No If yes, what type of work do you do? _____

List any foreign languages that you speak: _____

Religious preference (optional): _____

List health problems, if any: _____

List emergency contact:

Name: _____ Phone: _____ Relationship: _____

Address: _____

List any special interest or hobbies:

Do you belong to any clubs or organizations? If so, list and describe involvement:

How did you hear about volunteer opportunities here? _____

How long do you plan to volunteer? _____

Volunteer Application

Please provide three references:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALING.

Initial

_____ I certify that all information provided in this Volunteer Application is true and complete. I agree to have the statements checked by the Facility, unless indicated to the contrary. I understand that any false information or omissions may disqualify me from further consideration and may result in dismissal if discovered at a later date.

_____ I am aware that a more detailed investigation concerning my background may also be conducted. I hereby authorize that investigation. I also understand that my volunteer status is contingent upon satisfactory completion of reference checks. *[Please provide the Facility with a copy of identification necessary to run such background checks.]*

_____ I understand that I will be given an orientation to the Facility and necessary training related to my duties once I begin my service as a volunteer. I understand that the services I will provide are voluntary in nature and I will not be compensated.

I have read and understand, and by my signature, consent to these statements:

Applicant Signature: _____

Date: _____

Volunteer Application

Volunteer Preferences

Please indicate your availability: Daily Weekly Monthly

Days you prefer to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time are you available? ____:____ am/pm to ____:____

Other scheduling considerations: _____

Do you prefer to work with: Individual residents In group activities

Please indicate preferred activities by checking the corresponding boxes.

Individual Activities	Group Programs
<input type="checkbox"/> Reading books/magazines	<input type="checkbox"/> Exercises
<input type="checkbox"/> Writing/reading letters	<input type="checkbox"/> Baking/cooking
<input type="checkbox"/> Shopping	<input type="checkbox"/> Movies
<input type="checkbox"/> Passing mail	<input type="checkbox"/> Gardening
<input type="checkbox"/> Painting fingernails	<input type="checkbox"/> Crafts
<input type="checkbox"/> Assisting residents to and from activities	<input type="checkbox"/> Current events
<input type="checkbox"/> Recruiting other volunteers	<input type="checkbox"/> Sports
<input type="checkbox"/> Bringing your pet	<input type="checkbox"/> Assisting on facility outing
<input type="checkbox"/> Interviewing for life histories	<input type="checkbox"/> Special events
<input type="checkbox"/> One-on-one games	<input type="checkbox"/> Weekend activities
Miscellaneous	<input type="checkbox"/> Sing along/music
<input type="checkbox"/> Sewing	<input type="checkbox"/> Serving refreshments
<input type="checkbox"/> Decorating	<input type="checkbox"/> Night activities
<input type="checkbox"/> Putting up calendars	<input type="checkbox"/> Parties
<input type="checkbox"/> Decorating	<input type="checkbox"/> Bingo/table games
<input type="checkbox"/> Putting up calendars	<input type="checkbox"/> Men's group
<input type="checkbox"/> Assisting with planning events	<input type="checkbox"/> Women's group
<input type="checkbox"/> Designing posters/flyers	<input type="checkbox"/> Church/religious
<input type="checkbox"/> Putting up posters in the community	<input type="checkbox"/> Entertainment
<input type="checkbox"/> Assisting with newsletters	<input type="checkbox"/> Other:
<input type="checkbox"/> Talking to groups	<input type="checkbox"/> Other: