

## VOLUNTEER APPLICATION

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

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

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

Are you part of a group: \_\_\_\_\_

### Availability (Circle all that apply)

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

\_\_\_\_\_ Mornings (times) \_\_\_\_\_

\_\_\_\_\_ Afternoons (times) \_\_\_\_\_

### Type of volunteer

Please select the type of volunteer work that interests you:

\_\_\_\_\_ Individual – this would include visiting with a resident

\_\_\_\_\_ Group Activity – this may include leading bingo, exercise, etc.

\_\_\_\_\_ Material Preparation – this may include helping get items prepared for activities

\_\_\_\_\_ Projects – this may include helping with festivities, parties, or special outings

**Please mark the below items you would be interested in helping with, you can use the line to describe specifically what you like to do, example X games Bingo, Checkers, etc.**

\_\_\_\_\_ Exercise \_\_\_\_\_      \_\_\_\_\_ Friendly Visitor \_\_\_\_\_

\_\_\_\_\_ Games \_\_\_\_\_      \_\_\_\_\_ Computer \_\_\_\_\_

\_\_\_\_\_ Pet Therapy \_\_\_\_\_      \_\_\_\_\_ Arts/Crafts \_\_\_\_\_

\_\_\_\_\_ Sensory Stimulation \_\_\_\_\_      \_\_\_\_\_ Music \_\_\_\_\_

\_\_\_\_\_ Reading \_\_\_\_\_      \_\_\_\_\_ Mail/Writing \_\_\_\_\_

\_\_\_\_\_ Outdoor Visits \_\_\_\_\_      \_\_\_\_\_ Special Events \_\_\_\_\_

\_\_\_\_\_ Spiritual \_\_\_\_\_      \_\_\_\_\_ DVD/Video \_\_\_\_\_

\_\_\_\_\_ Popcorn Cart \_\_\_\_\_      \_\_\_\_\_ Lending Library \_\_\_\_\_

\_\_\_\_\_ Seasonal Decorating \_\_\_\_\_      \_\_\_\_\_ Bulletin Board \_\_\_\_\_

\_\_\_\_\_ Transportation Aide \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

List your special hobbies, skills, and talents: \_\_\_\_\_

\_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

\_\_\_\_\_

Volunteer work experience: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic violation, or are you currently facing any criminal charges? \_\_\_\_\_

**References:**

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

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

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

Please tell us why you want to volunteer with us:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisory: A check of the volunteer applicants' references may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of residents, staff, and visitors

"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and active volunteer status may be terminated at any time."

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