



VOLUNTEER APPLICATION

Name _____

Phone _____ Email _____

Address _____ City/Zip _____

Emergency Contact Person _____ Phone _____

Referred by _____ Current Occupation _____

Educational background

Special talents or skills

Hobbies and interests

Previous volunteer experience

What clubs or organizations do you belong to?

AREAS OF INTEREST *(please check all that apply)*

Provide music/dance/arts & crafts/exercise
Help with parties/decorating/serve ice cream
Escort residents for walks, trips
Teach computer lessons
Cooking or gardening programs
Current events, book club, exercise, etc.
Help with flowers, gardening
Friendly room visits
Read to residents

Interview for resident biographies
Animal visits or pet care
Manicures/put on nail polish
Play cards, help with games and Bingo
Book Cart
Deliver Mail
Dining Room: greeting, folding napkins, etc.
Attendance charting
Other:



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Do you drive a car? Yes No

Speak a foreign language? Yes No Which language(s)? _____

Do you have any health care concerns or special adaptations we need to know about for your safety and well-being?

What days/hours are you available for service?

Sunday Hours _____

Monday Hours _____

Tuesday Hours _____

Wednesday Hours _____

Thursday Hours _____

Friday Hours _____

Saturday Hours _____

Frequency you wish to volunteer? (Check preference)

Daily Weekly Weekends Every other week Monthly

Why do you want to volunteer here?

Signature _____ Date _____

Signature of parent/legal guardian (if under 18) _____