

VOLUNTEER APPLICATION FORM

SORRY, BUT WE DO NOT ACCEPT COURT APPOINTED COMMUNITY SERVICE.
FILL OUT FORM AND RETURN TO THE RECEPTIONIST. YOU WILL BE CALLED WITH INFO
TO SCHEDULE A MEETING FOR ORIENTATION. BE SURE TO INCLUDE A PHONE NUMBER.

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ OTHER PHONE(OPTIONAL) _____

EMAIL (OPTIONAL) _____

CURRENT OCCUPATION _____

PREVIOUS WORK EXPERIENCE _____

PREVIOUS VOLUNTEER SERVICE _____

SPECIAL EDUCATION OR TRAINING RELEVANT TO WORKING WITH THE ELDERLY

HOBBIES, SKILLS, SPECIAL INTERESTS, COMMUNITY GROUPS _____

DAYS AND HOURS PREFERRED FOR ROUTINE WORK _____

DO YOU REQUIRE HOURS FOR A SCHOOL PROGRAM? (ie Senior Project, NHS) _____

IF SO, HOW MANY HOURS DO YOU NEED? _____ per week, or _____ per month or _____ total

TYPE OF ACTIVITIES PREFERRED: _____

- | | |
|----------------------|----------------------------------|
| 1) GROUPS | 6) GARDENING |
| 2) PARTIES | 7) PASSING NEWSPAPERS/ CALENDARS |
| 3) ONE ON ONE VISITS | 8) READING TO RESIDENTS |
| 4) MANICURES | 9) WRITING LETTERS |
| 5) COOKING OR CRAFTS | 10) OTHER |

HAVE YOU EVER RECEIVED TREATMENT FOR A MENTAL ILLNESS? _____

IF SO, WHO IS YOUR CASE WORKER? _____

WHO REFERRED YOU? _____

DO YOU DRIVE? _____ IS YOUR CAR AVAILABLE? _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE (HOME) _____ (WORK) _____

SIGNATURE _____ DATE _____