

VOLUNTEER APPLICATION FORM

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

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

PLEASE CIRCLE WHICH YOU WOULD PREFER:

ASSISTING DURING ACTIVITY EVENTS OR VISITING 1:1 WITH RESIDENTS?

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) _____

I hereby consent to and authorize Lapeer County Medical Care Facility to conduct a background check that includes a search of the state databases.

SIGNATURE _____ DATE _____