

Name _____
 Address _____
 _____ Zip _____

Home Phone _____
 Cell Phone _____
 Date of Birth _____ / _____ / _____

Email _____

In case of emergency, contact: _____ Relationship: _____

Best phone number to call: _____

Education (current year in school) 7 8 9 10 11 12
 School _____ Class of _____

Days/Times Available: Check all that apply (time frames are just guidelines)

Morning (8 a.m. to 12 p.m.) Afternoon (12 to 4 p.m.) Evening (4 to 8 p.m.)

Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

To best schedule your volunteer experience, please answer the following:

1. Is this volunteer experience for the purpose of meeting your community service your requirements?

Yes No

2. How often would you like to, or do you plan to, volunteer?

1 x/ week 1-2 x/month Other _____

3. How long do you plan to volunteer?

1-3 months 4-6 months 7-9 months Other _____

4. Do you want to interact directly with residents?

Yes No

5. Would you like to establish a friendship with a/the resident(s) ?

Yes No

6. Have you spent much time with the elderly before?

Yes No

If yes, explain: _____

7. Have you had any volunteer experience? Yes No

If yes, explain: _____

8. Are you involved in any extracurricular activities?

Yes No

If yes, explain: _____

9. Are you involved in any community groups?

Yes No

If yes, explain: _____

Please circle all the activities you would be interested in doing:

- 1-on-1 Visits Read to Someone Push W/C-Take Walks Transport to/from Chapel
- Play: Computer Games Wii Board Games Cards (preference) _____
- Paint Nails Crafts Sing BINGO Helper Gardening
- Play an Instrument _____ Life Bio (interview & write their story)
- Watch a Movie Watch a Sporting Event Fish Make Snacks
- Assist on Trips Help with Special Events Help Decorate Pet Visits

Do you have any hobbies or interests that you could share with the facility/residents? _____

Are there any factors what would physically limit you from volunteering for certain jobs? Yes No

If yes, explain: _____

Employment Experience

Current job: _____

Have you ever been convicted of a felony, and/or been required to register as a sex offender? Yes No

If yes, explain: _____

References: No Family Members Please

1. _____

Name	Relationship	Phone Number/Email
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2. _____

Name	Relationship	Phone Number/Email
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Signature of Applicant Date

Signature of Parent/Guardian (if under 18) Date