

| Name<br>Address                                      |                                  |                       |                    |            |  |  |
|--|----------------------------------|-----------------------|--------------------|------------|--|--|
|  |                                  | Cell Phone            |                    |            |  |  |
|  | Zip                              |                       |                    |            |  |  |
| Email  |                                  |                       |                    |            |  |  |
|  |                                  |                       |                    |            |  |  |
|  | /, contact:                      |                       |                    |            |  |  |
| -  | to call:                         |                       |                    |            |  |  |
|  | Communication: ☐ Phone C         |                       |                    |            |  |  |
| Preferred way to rece                                | eive Volunteer Newsletter: 🗆     | Email  Postal Ser     | rvice              |            |  |  |
| Employment Experie                                   | ence                             |                       |                    |            |  |  |
| Current Occup  | oation                           |                       |                    |            |  |  |
| Previous Occu  | pations                          |                       |                    |            |  |  |
| Davs/Times Availabl                                  | e: Check all that apply (time f  | frames are iust quide | lines)             |            |  |  |
|  | forning (8 a.m. to 12 p.m.)      |                       |                    | to 8 p.m.) |  |  |
| Monday   | · ' '                            | · '                   |                    | '          |  |  |
| Tuesday  |                                  |                       |                    |            |  |  |
| Wednesday  |                                  |                       |                    |            |  |  |
| Thursday   |                                  |                       |                    |            |  |  |
| Friday   |                                  |                       |                    |            |  |  |
| Saturday   |                                  |                       |                    |            |  |  |
| Sunday   |                                  |                       |                    |            |  |  |
| To best schedule vou                                 | ır volunteer experience, pleas   | se answer the followi | ina:               |            |  |  |
| -  | ou like to, or do you plan to, v |                       | 3                  |            |  |  |
| -  | week □1x/week □ More             |                       | 1 x/ month □ Other | -          |  |  |
| 2. How long do you p                                 |                                  |                       |                    |            |  |  |
|  | ☐ 6-12months ☐ 1-2 years         | □ Other               |                    |            |  |  |
|  | eract directly with residents?   |                       | ☐ Yes ☐ No         |            |  |  |
| -  | establish a relationship with a  | /the resident(s ?     |                    |            |  |  |
| 5. Have you spent much time with the elderly before? |                                  |                       | □ Yes □ No         |            |  |  |
|  |                                  |                       |                    |            |  |  |
|  | training/education related to    |                       |                    |            |  |  |
|  | araming/education related to     |                       |                    |            |  |  |
| ii you, explain.                                     |                                  |                       |                    |            |  |  |

| 7. Have you had any vo   |                   | □Yes □No          |                |               |                   |          |
|--------------------------|-------------------|-------------------|----------------|---------------|-------------------|----------|
| If yes, explain:         |                   |                   |                |               |                   |          |
| 8. Are you involved in   |                   | □Yes □No          |                |               |                   |          |
|                          |                   | ·                 |                |               |                   |          |
| 9. Are there any factor  |                   |                   | □Yes □No       |               |                   |          |
| ii yes, expiaiii.        |                   |                   |                |               |                   |          |
| Please circle all the ac | tivities you wou  | ıld be interested | l in doing:    |               |                   |          |
| Clerk in a Gift Shop     | Sort/Deliv        | er the Mail       | BINGO Ca       | aller         | BINGO Helper      |          |
| 1-on-1 Visits Rea        | d to Someone      | Push W/C-Ta       | ake Walks      | Transpo       | rt to/from Chapel |          |
| Play: Computer Gam       | es Wii            | Board Games       | Cards (p       | oreference    | )                 |          |
| Paint Nails Craft        | ts Sing           | Sewir             | ng G           | ardening      | Fish              |          |
| Play an Instrument       |                   | Life Bio          | o (interview & | k write the   | ir story)         |          |
| Watch a Movie            | Watch a Spo       | orting Event      | Make Snad      | cks           | Help Decorate     |          |
| Assist on Trips          | Help with Spec    | cial Events       | Pet Visits     | He            | lping Hands       |          |
|                          |                   |                   |                |               |                   |          |
| Do you have any hobb     | oies or interests | that you could s  | hare with the  | e tacility/re | sidents?          |          |
|                          |                   |                   |                |               |                   |          |
|                          |                   |                   |                |               |                   |          |
| Why did you decide to    | o volunteer at O  | hio Living Dorot  | hy Love?       |               |                   |          |
|                          |                   |                   |                |               |                   |          |
|                          |                   |                   |                |               |                   |          |
| Have you been convic     | ted of a felony i | n the past 20 ye  | ars, and/or b  | een requir    | _                 | imission |
| of a sexual offense?     |                   |                   |                |               | □Yes □No          |          |
| If yes, explain:         |                   |                   |                |               |                   |          |
|                          |                   |                   |                |               |                   |          |
|                          |                   |                   |                |               |                   |          |
| References: No Family    | / Members Plea    | se                |                |               |                   |          |
| 1                        |                   |                   |                |               |                   |          |
| Name                     |                   |                   |                | Phone No      | umber             |          |
| 2<br>Name                |                   |                   |                | Phone Nu      | ımher             |          |
| TAGITIC                  |                   |                   |                | THORETM       |                   |          |
|                          |                   |                   |                |               |                   |          |
| Signature of Applica     | ant               |                   |                | Date          |                   |          |