

Name _____
 Address _____

 _____ Zip _____

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

Email _____

In case of emergency, contact: _____

Best phone number to call: _____

Preferred Method of Communication: Phone Call (home, work or cell) Text Email

Preferred way to receive Volunteer Newsletter: Email Postal Service

Employment Experience

Current Occupation _____

Previous Occupations _____

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

Every other week 1 x/ week More than 1 x/week 1 x/ month Other _____

2. How long do you plan to volunteer?

1-6 months 6-12months 1-2 years Other _____

3. Do you want to interact directly with residents?

Yes No

4. Would you like to establish a relationship with a/the resident(s) ?

Yes No

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

Yes No

If yes, explain: _____

6. Have you had any training/education related to the elderly & dementia? Yes No

If yes, explain: _____

