



Volunteer Application and Interest Form

A VOLUNTEER IS A PERSON WHO WILLINGLY OFFERS TO SERVE WITHOUT ANY EXPECTATION OF COMPENSATION

Please print:

Name: _____ Date: _____

Address: _____ Phone: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Volunteer experience: _____

Have you ever had a family member or friend in a nursing home? _____

When you volunteer, you may be asked to push or pull residents in wheelchairs, stand and/or walk for periods of time, talk with residents, etc. Is there any reason you would not be able to perform these functions?

No _____ Yes _____ If yes, please explain: _____

Desired Schedule

Duration of Offer of Service:

1-3 mos. _____ 3-6 mos. _____ 6-12 mos. _____ Indefinitely _____

Schedule of visits:

Weekly _____ Monthly _____ Twice a month _____ Other _____

Days of the week you are available:

Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Time of Day Available:

Morning _____ Afternoon _____ Evening _____

Community Affiliations such as church groups, business/professional organizations, service groups, clubs, etc.

Hobbies, Skills or Special Interests

Applicant's Signature: _____