



## 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.

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#### Hobbies, Skills or Special Interests

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Applicant's Signature: \_\_\_\_\_