



Volunteer Application Form

Contact Information		
Name:	Email Address:	
Address:	Town:	ZIP:
Home Phone:	Cell Phone:	
Preferred Method of Contact (Indicate your first and second choice):		
<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Other: _____		
Emergency Contact Information		
Name:	Telephone:	Relation:

Which Living Well Group community are you applying to volunteer with?

- Ethan Allen Residence
- Living Well Residence
- Heaton Woods Residence

How did you hear about the opportunity to become a volunteer?

Please list any prior volunteer experiences here:

Why are you interested in volunteering and what do you hope to accomplish/learn?

Do you have any medical information or physical conditions that may affect your ability to volunteer?

YES NO

If you selected yes, please briefly elaborate here:

Please check activities you're interested in-

Activities with Residents:
<input type="checkbox"/> Music <input type="checkbox"/> Indoor Sports <input type="checkbox"/> Outdoor Sports <input type="checkbox"/> Games <input type="checkbox"/> Exercise <input type="checkbox"/> Dance <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Gardening <input type="checkbox"/> Walking <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Outings <input type="checkbox"/> Cultural Events <input type="checkbox"/> Spa Activities <input type="checkbox"/> Driving/Transportation <input type="checkbox"/> Technology <input type="checkbox"/> Other:
Facility/Grounds Work:
<input type="checkbox"/> Maintenance <input type="checkbox"/> Cleaning <input type="checkbox"/> Repair <input type="checkbox"/> Shoveling <input type="checkbox"/> Gardening <input type="checkbox"/> Other:
Office:
<input type="checkbox"/> Shredding <input type="checkbox"/> Organizing <input type="checkbox"/> Data Entry <input type="checkbox"/> Other:

*Please circle and activities above that you can LEAD or TEACH residents!

Availability:

Please provide your preferred day(s)/time(s)-

References:

Please provide two references who are not family members. If possible, they should be people you volunteered for or with, or work-related references.

1) Name: _____ Telephone: _____

Email: _____ Relationship: _____

2) Name: _____ Telephone: _____

Email: _____ Relationship: _____

Thank You for your interest in becoming a volunteer with Living Well Group! We look forward to getting to know you ☺

X _____ Date: _____
Volunteer Signature

X _____ Date: _____
Parent or Guardian (if below the age of 18)