



Contact Information

Name _____

Phone _____

Email _____

DOB _____

Do you have any felonies? ___ No ___ Yes, *please explain the offense*

Do you consent to a background check? ___ No ___ Yes TDL _____

I am interested in volunteering in the following areas:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Gardening

Visiting with them

Participating in Crafts

Taking them on walks

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Doing memory activities with them

Participating in movement activities

Reading to them.

OTHER:

Previous work or volunteer experience:

Any specialized training that may be pertinent to the area you wish to volunteer for?

Any physical limitations?

I would like to volunteer:

___ Daily

___ Once a week

___ When I have extra time

___ As needed

The information that I have submitted is true and accurate.

Signature _____

Date _____