

Volunteer Application

Applicant's Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Notify in Case of Emergency:

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Employment/Volunteer Experience

Employer _____

Position _____

Dates: From _____ To _____

Employer _____

Position _____

Dates: From _____ To _____

Employer _____

Position _____

Dates: From _____ To _____

Hobbies, Skills, Talents, Special Interests, Special Training (check all that apply)

Volunteer for: Outings Special Events Mail Distribution Letter Writing
 Calendar Activities Special Friend Activities of Daily Living

Other: _____

Schedule Preferred

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

If you are 17 years old or younger, please bring a permission letter from a parent or guardian.

Signature of Applicant

Date

Activity Director

Date

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Volunteer Services Questionnaire

Name: _____

Address: _____

Phone Number: _____ Date of Birth _____ Sex _____

Nearest Relative: _____

Address: _____

Phone Number: _____ Relationship: _____

Have you performed volunteer services in a nursing facility before? Yes [] No []

If yes, where? _____

Do you enjoy working with Senior Citizens? Yes [] No []

Do you have any relatives in this nursing facility? Yes [] No []

If yes, what is the resident's name? _____

Have you ever had any relatives in a nursing facility? Yes [] No []

If yes, where? _____

Do you think, as a whole, nursing facilities provide needed services? Yes [] No []

If no, please make comments as to how services could be improved.

_____ (Use back of sheet if needed.)

Would you be willing to provide volunteer services to this facility? Yes [] No []

How many hours can you donate? _____ Day, _____ Week, _____ Month

On what days would you be available? _____, _____, _____

What time of day would you be available? Morning [] Afternoon [] Night []

Do you have any special talents you wish to share with our residents? Yes [] No []

If yes, describe: _____

Do you play any musical instruments? Yes [] No [] Type _____

What types of services would you be willing to provide? (List in order of preference.)

If selected to participate in our volunteer program, do you agree to abide by the rules and regulations established by this facility? Yes [] No []

Date: _____ Signature: _____