



Volunteer Application

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

e-mail: _____

Emergency contact person: _____

Phone: _____

Alternate Phone: _____

How many hours would you like to volunteer per day _____, week _____, month _____

Do you have a chauffeurs license? _____ CDL _____

What days are best for you: Mon ____, Tue ____, Wed ____, Thur ____, Fri ____, Sat ____, Sun ____

Please indicate what areas you would be willing to volunteer with:

____ Read a newspaper or short stories to residents

____ Show videos, DVD's and slides

____ Walk with residents on the trails

____ Bring a pet to visit

____ Visit one-on-one with residents

____ Play games with residents

____ Host BINGO sessions

____ Assist with chapel services

____ Write cards and letters for residents

____ Assist or teach craft activities

____ Assist as a chaperone on an outing

____ Run errands for residents

____ Assist with clerical

____ Assist with gardening

____ Assist with special events

____ Other _____

Share your talents with our residents!

