

Volunteer Application

Date:	
Name:	
Address:	
Home Phone: Work Phone: Cell Phone: e-mail:	none:
Emergency contact person: Phone: Alternate Phone	e:
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 volur	nteer 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!

REALCHEK® STANDARD APPLICATION

PLEASE USE ONE APPLICATION PER APPLICANT

Name:			Phone ()	home		
First	Middle	Last	Phone ()	work		
Current Address:							
Address		City		State	Zip		
*Social Security #	ty #: *Drivers License #:						
*Other Names:		······	*Birth I	Date:	// Married since:/_/ Day yr mo. Day		
*Necessary as cr				mo.	Day yr. mo. Day	yr.	
l authorize RealC necessary. I here					ntacting any references ted information.		
Applicants Name	Please sign legible r	name			Today's Date// mo. Day yr.		
	w	oodhaven	Senior Comr	nunity			
Members, comple Please check the		nt:					
-	ex Offender Sear		ble in all areas)				
Criminal Sear	ch for 📋 county	/ of	and/or	⊡sta	te of		
Criminal Supe	er Search						
Federal Crimin	nal Cases						