

## VOLUNTEER WORKER APPLICATION

1. Name \_\_\_\_\_ Referred By \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

1 How often do you wish to volunteer? (Check preference)

Twice Weekly Every two Longer  
Weekly weeks Intervals \_\_\_\_\_

3. What time of the day is best for you to volunteer? (Check preference)

Morning Afternoon Evening

4. How long do you want to work while on duty at the facility? (Check preference)

1 hour 2 hours 3 hours Longer than 3 hours

5. Which day(s) of the week do you prefer to work? \_\_\_\_\_

6. Would your spouse be interested in working with or taking residents to outside activities?

7. Are there any skills drawn from previous experiences you would care to use in volunteer work?  
(Other languages, hobbies, work or volunteer experiences?) \_\_\_\_\_

\_\_\_\_\_

8. What clubs or organizations do you belong to? \_\_\_\_\_

\_\_\_\_\_

9. In what area do you prefer to work? (Check preference)

Nursing Service Recreation Maintenance Other (identify) \_\_\_\_\_

Date of Interview \_\_\_\_\_ Approved Yes No \_\_\_\_\_ Assigned Area \_\_\_\_\_

Date of Orientation \_\_\_\_\_ Date Volunteer will begin work \_\_\_\_\_

\_\_\_\_\_  
Volunteer Services Coordinator's Signature

\_\_\_\_\_  
Date

# **AVAILABLE VOLUNTEER JOBS**

## **NURSING SERVICE DEPARTMENT**

Answers telephone

Serve fluids

Assist at meals

Clerical duties

Assist ambulatory & wheelchair residents to various areas

Read to residents

## **RECREATIONAL THERAPY**

Assist in scheduled activities

Offer classes in arts and crafts

Assist individual residents with craft projects

## **SOCIAL SERVICES**

Open and read mail

Write letters