



Volunteer Application

Name: _____ Date of Birth (month/day): _____

Address: _____

Home Church: _____

Phone Number: _____ E-mail: _____

When is the best time to contact you? _____

Please check the days and time of day you are most often available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have any special talents or interests you could share with the residents? Yes No

If yes, please describe: _____

Do you speak any language other than English? _____

Have you ever been convicted of a felony? No Yes If yes, please explain: _____

Do you have any relatives in this community? Yes No

If yes, who? _____

**Our volunteers are an important part of the ministry of our community.
We appreciate your willingness to give of yourself to our residents.**

All volunteers must abide by the policies and procedures of the community. By signing below, you are agreeing to not only personally abide by these rules, but to report any noncompliance by others.

Signature: _____ Date: _____

More information is requested on the reverse side.

Emergency Contact Information

Physician's Name _____ Phone # _____

Hospital Preference _____

1st Emergency Contact _____

Relationship _____

Telephone #: (home) _____

(work) _____

(cell) _____

2nd Emergency Contact _____

Relationship _____

Telephone #: (home) _____

(work) _____

(cell) _____

The medical information below is requested, but not required.

Allergies: _____

Physical restrictions: _____

Medical Conditions: _____

To maintain the safety and security of our residents, a criminal background check and sexual assault check is required.