



## RESIDENT VOLUNTEER APPLICATION

Name \_\_\_\_\_

Building Name/Number \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth: (MM/DD) \_\_\_\_\_

Email address: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Previous Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Times available for volunteering: (please check and indicate hour preferred)

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Days: Please check  M  T  W  Th  F  S  Su

Please list special talents/skills/other languages: \_\_\_\_\_

\_\_\_\_\_

Areas of interest: (please check all that apply)

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Individual visits         | <input type="checkbox"/> Crafts     | <input type="checkbox"/> Bingo             | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Bulletin Board Committee  | <input type="checkbox"/> Reading    | <input type="checkbox"/> Current Events    | <input type="checkbox"/> Treasure Sale   |
| <input type="checkbox"/> Men's Program             | <input type="checkbox"/> Pets       | <input type="checkbox"/> Games             | <input type="checkbox"/> Writing Letters |
| <input type="checkbox"/> Community Outings         | <input type="checkbox"/> Card Games | <input type="checkbox"/> Deliver Mail      | <input type="checkbox"/> Escorting       |
| <input type="checkbox"/> Pastoral Care             | <input type="checkbox"/> Socials    | <input type="checkbox"/> Intergenerational |  |
| <input type="checkbox"/> Other (please note) _____ |                                     |  |  |

I understand that I am applying to participate in a volunteer program and that I am not being compensated for my services. I understand that this application does not guarantee my acceptance as a volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date