

VOLUNTEER APPLICATION

Name: (Mr., Mrs., Miss, Ms.) _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Work Experience/Occupation: _____

Skills/Talents: _____

Have you had volunteer experience? ☐ Yes ☐ No

Where? _____ What did you do? _____

Please list three references:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Are you at least 18 years old, fully vaccinated from COVID-19, and have you provided the community with a copy of your COVID-19 Vaccination Record Card? ☐ Yes ☐ No

Do you understand that volunteering may increase your risk of exposure to COVID-19?

☐ Yes ☐ NoHave you ever been convicted of or pled guilty to a felony or misdemeanor? ☐ Yes ☐ NoIf yes, please list all crimes you have been convicted of or pled guilty and include the date of the offense: _____

I agree that I will keep confidential any information of a personal nature regarding a resident that I hear or see while volunteering and will follow the policy and procedures of the facility.

Signature: _____ Date: _____