

APPLICATION FOR VOLUNTEER

BETHANY HOME 930 W. Main, Ripon, Ca. 95366 (209)-599-4221

CELL

NAME _____ PHONE _____

Last

First

Initial

HOME

PHONE _____

ADDRESS _____

Street & Number

City

State

Zip

IN CASE OF EMERGENCY _____

CALL _____ Name _____ Address _____ Relationship _____ Phone _____

Are you over 16 years of age? Yes No

Are you volunteering because you have been assigned to for school/community service? Yes No

If yes: Who is your supervisor? _____ Phone: _____

How many hours of service are required? _____ Due date? _____

What types of volunteer work can you offer? _____

What days and hours are you available? (include evenings and weekends if possible): _____

Highest Level of Education _____

Grade

School

Vocation

Have you ever been convicted of a felony? Yes No

Do you have any physical condition which may limit your ability to perform? Yes No

If yes, please explain _____

Do you have any communicable diseases? Yes No

If yes, please explain _____

CHARACTER REFERENCES Persons who know you well - Do not include relatives or employers				
NAME	OCCUPATION	CITY	PHONE	YEARS KNOWN

Have you had any experience working in a nursing home or other activities programs? No Yes.

If you said "yes", please explain:

(OVER)

APPVOLUN.CEH.10/09

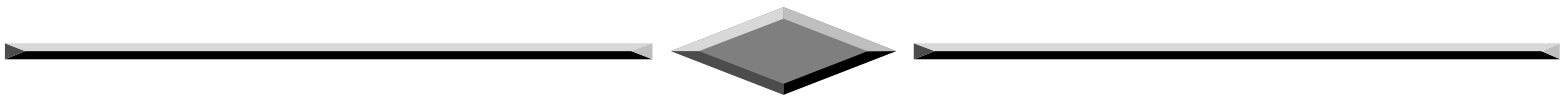
Do you have skills which could be useful in volunteer work? Check those below which apply:

- Reading
- Typing
- Cooking
- Maintenance
- Play piano
- Gardening
- Play organ
- Driving (own car)
- Painting
- Ceramics
- Crafts
- Singing
- Play instrument (name: _____)

List other skills which you have to offer:

List three qualities you have which you think would help you in doing volunteer work with the elderly:

Date _____ Signed _____



For Staff Use Only:

Interviewed by: _____ Date _____

Comments: _____

Orientation: _____

References verified:

Volunteer time and work offered: _____

Completion (if applicable) _____

Signature of Supervisor: _____ Date: _____