

PERSONAL OR PROFESSIONAL REFERENCES

1. Name _____ Address _____

City _____ State _____ Zip _____

2. Name _____ Address _____

City _____ State _____ Zip _____

INTEREST AND SKILLS

Please indicate with a check mark which interest/skill you would be willing to do as a volunteer here.

- | | | |
|------------------------------|--------------------------|------------------------|
| _____ Feeding residents | _____ Resident transport | _____ Coffee cart |
| _____ Read to residents | _____ Manicurist | _____ visiting friend |
| _____ Letter writing | _____ Passing ice water | _____ Seamstress |
| _____ Activity assistant | _____ Dining rm. set up | _____ Doctor transport |
| _____ Banking assistant | _____ Office assistant | _____ Outing assistant |
| _____ Church assistant | _____ Lunch/din. Set up | _____ Pet Therapy |
| _____ Other: (specify) _____ | | |

DAYS PREFERRED TO VOLUNTEER:

Monday () Tuesday () Wednesday () Thursday () Friday ()
Saturday () Sunday ()

TIME PERIOD PREFERRED: Morning () Afternoon () Evening ()

AUTHORIZATION STATEMENT

Please Read Carefully and Sign

I authorize Rose Lane Health Center to verify any information I have provided and I further authorize any of the named schools, companies, or organizations listed to provide any information about me contained in their records. It is understood and agreed that any misrepresentations by me in this application may be sufficient cause for cancellation of the application and/or separation from service if I have since been accepted to volunteer. I understand that there are certain training requirements that must be fulfilled, and assignment performance standards must be maintained, in order to volunteer at Rose Lane Health Center.

Date ____ / ____ / ____ Signature _____