

Volunteer Application

Date:					
Name:	Last	First	Midal	le Initial	
	Last	FIISt	Middi	ie minai	
Address: _	C.				
	Street	City		State	Zip
Phone:		Cell:			
Birth date:		email:			
Interest, sk	ills, and hobbies:				
Have you e	ever done volunteer		Where		
Wh	nat kind?				
Organizatio	ons of which you a	re now a member			
How did yo		ed in volunteering at Sn			
How much	time do you wish	to volunteer?			
Daily	yWeekly	Monthly _	Annually	A	s Needed
Days of the	e week you prefer:				
Su	MonTuW	edThFriS			
Mornin	ngAfternoon	Evening			

Please check any of the following areas in which you would be interested in volunteering for at some time.

Volunteer Areas:

Direct Interaction with Residents	Indirect Volunteer Work
Visit with residents Read (book, mail, magazine, newspaper, Bible) Assist with daily Activities Craft Demonstration Play Games (Cards, Puzzles, etc.) Help with Bingo Wheel chair walks inside/outside Help on Alzheimer's Unit Assist Residents to/from Beauty Shop Write Letters Read Devotionals Monthly Potluck Help with special outings Transportation Manicures Help in Dining Room Lead Exercises Transport to Activities	Lead Prayer-Noon Meal Fold Laundry Window Washing Maintenance Work Answer Phones Newsletter Assembly Office Work Golf Outing Auction Spring Planting Cook/Grill Special Occasions Blood Drive Outdoors Work Garden work Assemble Mailings Help with groceries Greeters Desk
Minimal or Indirect Resident Interaction	At Your Home
Play piano or keyboard Play an instrument Sing-A-Long Deliver Mail Deliver Newspapers Newsletter Delivery Host Birthday Party Help with parties (Holiday, Birthday, etc.) Help put up seasonal decorations	Sew/Mend Quilt Bake Type