

# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_  
(\*Birches has my permission to contact me via email at the above address)

Will you be volunteering to fulfill a service requirement?  YES  NO  
-If so, for what group/organization? \_\_\_\_\_ Hours Required: \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

AVAILABILITY: Please indicate the best day(s) and time(s) for you.

I am available  mornings  afternoons  evenings  weekdays  weekends  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**OR-** Specific Date(s): \_\_\_\_\_ Specific Time(s): \_\_\_\_\_

When are you ready to begin your volunteer work? \_\_\_\_\_

COMMITMENT, I am interested in:

- Short-Term Project:  1-2 Hours  ½ Day  1 Day  Several Days
- On-Going Partnership:  Weekly  Monthly  Several times per year

How did you hear about The Birches? \_\_\_\_\_

Why do you want to volunteer at The Birches? \_\_\_\_\_

What would you like to learn from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any experience working with or around the elderly? If so, please describe. \_\_\_\_\_

\_\_\_\_\_

\*There is a short orientation to the facility upon your first visit for all volunteers



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Do you have any experience working with or around people with dementia? If so, please describe. \_\_\_\_\_

Please list your skills, interests, hobbies, community activities, etc. you would like to use in your volunteer work. \_\_\_\_\_

Are there any limitations on the type of volunteer work you can perform? If yes, please explain. \_\_\_\_\_

Are you interested in volunteering for a group of residents or on a one-to-one basis?

Group     One-To-One     Both sounds great!

Do you already have an idea of what you would like to do while volunteering?  YES  NO

• If yes, please describe. \_\_\_\_\_

PHOTO RELEASE: (please initial)

I hereby understand that photos of me may be taken during volunteer events, and I **GIVE** The Birches my permission to utilize my photographs in future publications, press releases, website photos, newspaper articles, promotional materials, social media, etc.

I hereby understand that photos of me may be taken during volunteer events, and I **DO NOT** give The Birches permission to utilize my photographs for the public.

REFERENCE:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**REQUIRED IF UNDER 18 YEARS OF AGE:**

I certify that (name) \_\_\_\_\_, my son/daughter, is fully capable of participating as a volunteer without compensation and has my permission to be assigned and participate as a volunteer for The Birches Assisted Living.

\_\_\_\_\_  
(Age if under 18)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\*There is a short orientation to the facility upon your first visit for all volunteers

