



## Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Do you have any medical condition we should be aware of? \_\_\_Yes \_\_\_No

If yes, please list: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Current Job or Last Work Experience \_\_\_\_\_

Tell us about your ...

Experience with Older Adults \_\_\_\_\_

Volunteer Experiences \_\_\_\_\_

Hobbies and Interests \_\_\_\_\_

What led to your interest in Evergreen Retirement Community? \_\_\_\_\_

Please provide two references:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_



**Availability** (please check all that apply)

<input type="checkbox"/> <b>Weekly</b>	<input type="checkbox"/> <b>Biweekly</b>	<input type="checkbox"/> <b>Once per month</b>	<input type="checkbox"/> <b>Occasionally</b>
<input type="checkbox"/> <b>Monday</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> <b>Tuesday</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> <b>Wednesday</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> <b>Thursday</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> <b>Friday</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> <b>Saturday</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> <b>Sunday</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

**Please check the areas of service that are of interest to you:**

<input type="checkbox"/> Bingo Assistance	<input type="checkbox"/> Personal Shopping
<input type="checkbox"/> Bulk Mailings	<input type="checkbox"/> Pet Visits (please see required signature below)
<input type="checkbox"/> Cooking Groups	<input type="checkbox"/> Provide Music
<input type="checkbox"/> Crafts	<input type="checkbox"/> Special Event Assistance
<input type="checkbox"/> Field Trip Escort	<input type="checkbox"/> Sunshine Gift Shop
<input type="checkbox"/> Games	<input type="checkbox"/> Video Tape Events
<input type="checkbox"/> Manor Mart Re-sale Shop	<input type="checkbox"/> Wheelchair Transports
<input type="checkbox"/> Mending / Sewing	<input type="checkbox"/> Wheelchair Walks
<input type="checkbox"/> Nail Painting	<input type="checkbox"/> Other _____
<input type="checkbox"/> One-to-one Visits	

**For Pet Therapy Volunteers Only:**

My pet is current on all required vaccinations:

X \_\_\_\_\_  
*signature of volunteer* \_\_\_\_\_  
*date*