

**HOLY FAMILY NURSING HOME
VOLUNTEER SERVICES
APPLICATION FORM**

Assignment: dept.: _____
Hours of assignment _____
Orientation Date: _____
Start Date: _____
Volunteer Name tag: date: _____
PHIA: date: _____
Feeding Program (Video) date: _____
Feeding/Swallowing test date: _____
Criminal Record Check date: _____
Wheelchair Orientation date: _____

Date: _____

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Email Address: _____

Languages Spoken: _____

Are you currently employed: YES: _____ NO: _____

If yes, where do you work: _____

If no: are you currently looking for employment: YES: _____ NO: _____

Are you currently attending school: YES: _____ NO: _____

What is the name of your school: _____

Are required to volunteer as part of a school program/credit: YES: _____ NO: _____

What is the name of the program/course: _____

How many hours must you complete: _____ By what date: _____

Work Experience: _____

List previous or current volunteer work: _____

List any skills, training, hobbies, interests: (ie: Singing, Cards, Crafts) _____

What type of volunteer work are you interested in: _____

Do you have any restrictions (physical/intellectual) to take into consideration _____

AVAILABILITY FOR VOLUNTEER WORK:

Number of Hours Per Day: _____ Number of Days Per Week: _____

PREFERRED DAYS (Please Circle): Morning Afternoon Evening
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

REFERENCES: Please submit name, address, and phone number of 2 references:

I UNDERSTAND THAT MY VOLUNTEER SERVICES OFFERED ARE WITHOUT EXPECTATION OF RENUMERATION AND THAT VOLUNTARY SERVICES DOES NOT GUARANTEE FUTURE EMPLOYMENT AT HOLY FAMILY NURSING HOME.

Date: _____ Volunteer Signature: _____

*PARENTAL/GUARDIAN CONSENT FOR JUNIOR VOLUNTEERS **UNDER THE AGE OF 16**: I hereby give permission for _____ to participate at HOLY FAMILY NURSING HOME as a volunteer.

SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____