

VOLUNTEER APPLICATION

Last name _____ First Name _____

Address _____ Postal Code _____

Telephone Number _____ E-mail _____

Are you able to fulfill the requirements of the volunteer job? yes no Explanation: _____

Do you speak any other languages? Please list. _____

Do you have a criminal record? yes no Explanation: _____

Why do you want to volunteer at Donwood Manor? _____

Interests & Hobbies: _____

In Case of Emergency

Contact _____ Telephone # _____

Relationship _____

Past Volunteer Experience:

Facility _____ Telephone # _____

Address _____

Reason for leaving _____

Most Recent Employment History:

Employer _____ Position _____

Address _____ Telephone # _____

Supervisor _____

Reason for leaving _____

Most Recent Education History:

INSTITUTION (School)	Course	Date Completed	Achievement

WHERE CAN VOLUNTEERS HELP?

- Personal Care Home Elderly Persons Housing Donwood South Where Needed

Check Areas of Interest:

- Friendly Visiting** - reading, writing letters, reminiscing
- Group Activities** - bingo, bowling, games, tea parties
- Outings** - eating out, walks in summer, park outings
- Resident Care** - assist residents at meal time, accompanying to doctor's appointments,
(PCH only) comfort to the dying
- Spiritual Care** - assist with chapel, playing piano, spiritual care visiting, palliative care support

Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning:							
Afternoon:							
Evening:							

REFERENCES:

- Listed below
- See Attached

NOTE: IF YOU ARE A STUDENT, PLEASE GIVE A CURRENT TEACHER FOR A REFERENCE.

Name _____ Occupation _____

Address _____ Phone # _____ Fax # _____

Name _____ Occupation _____

Address _____ Phone # _____ Fax # _____

Name _____ Occupation _____

Address _____ Phone # _____ Fax # _____

I authorize Donwood Manor to check the above listed references.

I understand that all information concerning residents, physicians, volunteers and other employees is to be held in the strictest confidence and that breach of Donwood Manor's confidentiality policy may be grounds for dismissal.

Signature

Date

Signature of Parent of Guardian if between 12 and 16 years of age

Date