Friendsview Retirement Community

Volunteer Application

Name: ________________________________ Date: ______________

Address: ___________________________ City: _______________ Zip: __________

Phone: _____________________________ E-mail: ___________________________

Your birth date, if under 18 years old: __/__/____

Type of Volunteer:

☐ Student
☐ Resident of Friendsview
☐ Community Member
☐ Other ______________

If you are a student indicate whether you are volunteering at Friendsview as a part of a class or school program, and provide school name and/or program title:

☐ Class School Name: __________________________
☐ School program Program Title: __________________________

Approximate amount of time willing to volunteer (indicate hours and days):

☐ 1 hour/week
☐ 2-4 hours/week
☐ 5-8 hours/week
☐ Once a month

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday

☐ 2-4 times/month
☐ Special events
☐ Other ______________

☐ Friday
☐ Saturday
☐ Sunday

Activities you are interested in helping with:

☐ Arts & Crafts
☐ Games Helper
☐ Play Music
☐ Lead Discussion Groups

☐ Lead Weekend Activities
☐ Reading (one-on-one or in groups)
☐ Accompany residents to activities off site

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☐ Beauty Treatments (facials, makeup, nails)  ☐ Other ______________________

Why are you interested in volunteering at Friendsview?

________________________________________________________________________________________

________________________________________________________________________________________

List any special skills or abilities:

________________________________________________________________________________________

________________________________________________________________________________________

List any medical restrictions that would limit your activity:

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been convicted of a crime?

☐ Yes  ☐ No

Have you ever tested positive for a tuberculosis test?

☐ Yes  ☐ No

Reference (must be an adult not related to you)

Name: ___________________________  Phone: ___________________________

Relationship: ___________________________

Name: ___________________________  Phone: ___________________________

Relationship: ___________________________

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Volunteer Emergency Contact Information

Name of Volunteer (Last, First):

In the event of an emergency, notify:

Contact 1:

Name: ___________________________ Relationship: ___________________________
Home Phone: ___________________ Work: ___________________ Cell: _____________
Other Information: ____________________________________________________________

Contact 2:

Name: ___________________________ Relationship: ___________________________
Home Phone: ___________________ Work: ___________________ Cell: _____________
Other Information: ____________________________________________________________

List any special needs or health concerns:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

I understand that this form is optional and I have voluntarily provided all information for the purpose of emergency contacts and situations. I understand that none of the information above is required to be disclosed on this form. I understand that the confidentiality of this information cannot be guaranteed due to the need for accessibility.

Signature: ___________________________ Date: ___________________________

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