

VOLUNTEER APPLICATION

Name: _____

Organization (Optional) _____

Address: _____

Telephone Number: _____

Age: _____

Education: Grade School _____ **High School** _____ **College** _____

Please list clubs, church or organizations of which you are a member:

Please list your hobbies or special interests:

Availability?

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
In							
Out							

Previous volunteer experience or training you have done:

TRAINING/ORGANIZATION	LENGTH OF SERVICE

In case of emergency please call :

Name _____ Relation _____

VOLUNTEER APPLICATION CONT...

How do you wish to volunteer: (Please check)

Help with games		Visit with residents:	
Distribute magazines/books		Assist with Crafts	
Lead group activities		Assist in organizing special events	
Read to residents		Share a specific talent	
Paint Fingernails/hand massages		Other	

List two references:

Name:	Phone #
Name:	Phone#

Consent to Volunteer

_____ has permission to volunteer at Winchester Place Nursing and Rehabilitation, 36 Lehman Drive, Canal Winchester, Ohio 43110. Winchester Place Nursing and Rehabilitation will not be held liable for any incident that may take place while he/she volunteers at the facility.

Self and/or Guardian/Parent:

Date:

Volunteer Mantoux

For the safety of our residents, volunteers are required to receive a Mantoux (TB) test.

This test is available free of charge to all volunteers.

_____ **Yes, I agree to have a Mantoux**

Date Administered: _____

Date Read: _____

Volunteer Signature: _____ **Date** _____

Parent Signature _____ **Date** _____

Volunteer Coordinator Signature _____ **Date** _____