



# Volunteer Application

Name: \_\_\_\_\_

(Please Print) Last

First

M.I.

Male      Female      Previous Names Known By: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home Phone

Day/Work Phone

Cell Phone

Email Address: \_\_\_\_\_

Best way to be contacted:      ☐ Home      ☐ Work      ☐ Cell      ☐ Email

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you over the age of 18?      ☐ Yes      ☐ No      If no, provide date of birth: \_\_\_\_\_  
(Parent signature required on back)

In case of emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you speak a language other than English? If so, which one(s)? \_\_\_\_\_

Please describe your volunteer experience: \_\_\_\_\_

Please check the activities in which you would like to be involved:

<input type="checkbox"/>	Arts/Crafts	<input type="checkbox"/>	Health Topics	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Music	<input type="checkbox"/>	Tai Chi/Yoga
<input type="checkbox"/>	Cooking/Baking	<input type="checkbox"/>	Office Work	<input type="checkbox"/>	Theater
<input type="checkbox"/>	Current Events	<input type="checkbox"/>	Outings	<input type="checkbox"/>	Writing
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Parties	<input type="checkbox"/>	
<input type="checkbox"/>	Discussion Groups	<input type="checkbox"/>	Reading	<input type="checkbox"/>	
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Religion	<input type="checkbox"/>	
<input type="checkbox"/>	Games	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	

With which population of residents would you be most interested in working?

☐ Assisted Living      ☐ Alzheimer's/Dementia\*      ☐ Skilled Nursing      ☐ Independent Living

\*Please describe any previous experience you have had working with individuals living with Alzheimer's Disease or other age-related dementia: \_\_\_\_\_

# Volunteer Application, continued

How did you hear about this volunteer opportunity?

☐ Resident    ☐ Staff    ☐ Family Member    ☐ Drove By    ☐ Other \_\_\_\_\_

Why do you want to volunteer with us? \_\_\_\_\_

Please indicate days/times you **are** available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref	<input type="checkbox"/> No Pref
<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail	<input type="checkbox"/> Not Avail

Do you need accommodations to perform volunteer services? ☐ Yes    ☐ No

If yes, please describe: \_\_\_\_\_

Have you ever been fingerprinted? ☐ Yes    ☐ No

If yes, where, when, and for what reason? \_\_\_\_\_

**References:** One reference is required, more are accepted. References should not be a relative or someone who lives within your household, and should know you well (at least 1 year).

Name	Phone	Email	Relationship	How Long Known
	H: W:			
	H: W:			

I certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize Touchmark to contact any individual it deems appropriate to investigate my character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. I understand that if accepted as a volunteer I am subject to dismissal from service if any of the information on this application is false or has been omitted, and that I may be required to furnish documents supporting statements herein. I also understand that as a condition of volunteering I may be required to pass a criminal background check. I understand that at any time and for any reason Touchmark can discontinue my services as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (for minors): \_\_\_\_\_ Date: \_\_\_\_\_