

VOLUNTEER APPLICATION

Thank you for your interest in applying for Southview Acres Healthcare Center's Volunteer Program. Please out this application and hand it in to the Therapeutic Recreation or HR Department.

Name		First Middle Last Birthdate					
	First	Middle	Last				
Address_							
:	Street		City	State	e Zip Code		
Phone (Da	ay)	(Evening)		E-mail			
Employer	(Current/Pas	t)		_Position			
Education	n: Are you cu	rrently a student?	☐ Yes ☐ No				
Name of	School Currer	ntly Attending:					
Name of s		ntry Attending					
Emergeno	cy Contact			Phone #			
Do you pi	refer to be cor	ntacted by \Box phon	e □ E-mail □	I Mail □ Other:			
				that would prevent you o If yes, please explain			
What spec		ents, languages or e		ckground do you have?			
	•		•	ubs you belong to:			
What other		xperiences have yo	u had?				
How did		nt this volunteer exp					

Personal References:			
Name & Address	Phone N	umber	Relationship
Your availability to volunteer ☐ Monday ☐ Tuesday ☐ W ☐ Mornings ☐ Afternoons Commitment Level:	ednesday 🗖 Thursday 🗖 Frida	-	urday 🗖 Sunday
hours/ per 🗖 day 🚨	week month other		
Length of commitment	months indefinitely	other	r
Do you need to fulfill Commun	ity Service hours? ☐ Yes ☐ N	o If yes,	please explain?
•		-	
Please check the following are	eas of service that you are interc	ested in:	
☐ Activity Assistant	☐ Gardening/Plant Care		☐ Ministry/Spiritual Care
Bingo	☐ Kitchen/Dining Room Ass	istant	☐ Music
☐ Cards/Table Games	☐ Letter Writing		☐ Office/Clerical
☐ Crafts	☐ Mail Delivery		☐ One-to-One Visiting
Class Demos	☐ (On-Call/BackUp Onl		Outings
Escort Residents to	☐ Manicures/Hand Massages	3	☐ Reading to Residents
Medical Appointments			☐ Special Events
(transportation is provided)			☐ (On-Call/BackUp Only)
What would be your top areas of	of interest from the above list?		
Comments			
			a State of Minnesota Department
			erify my physical/emotional health
I hereby certify that the facts s	et forth in this application are tr	ue and co	omplete to the best of my knowled
Signature of Applicant		Date	
Signature of Parent/ Guardian	if Minor:		
	ter is not obligated to provide place		

Southview Acres Healthcare Center is not obligated to provide placement, nor are you obligated to accept the position offered.