



Volunteer Application

Date _____

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Do you have any medical condition we should be aware of? ___Yes ___No

If yes, please list: _____

Emergency Contact _____ Phone _____

Current Job or Last Work Experience _____

Tell us about your ...

Experience with Older Adults _____

Volunteer Experiences _____

Hobbies and Interests _____

What led to your interest in Evergreen Retirement Community? _____

Please provide two references:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____



Availability (please check all that apply)

<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Once per month	<input type="checkbox"/> Occasionally
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Please check the areas of service that are of interest to you:

<input type="checkbox"/> Bingo Assistance	<input type="checkbox"/> Personal Shopping
<input type="checkbox"/> Bulk Mailings	<input type="checkbox"/> Pet Visits (please see required signature below)
<input type="checkbox"/> Cooking Groups	<input type="checkbox"/> Provide Music
<input type="checkbox"/> Crafts	<input type="checkbox"/> Special Event Assistance
<input type="checkbox"/> Field Trip Escort	<input type="checkbox"/> Sunshine Gift Shop
<input type="checkbox"/> Games	<input type="checkbox"/> Video Tape Events
<input type="checkbox"/> Manor Mart Re-sale Shop	<input type="checkbox"/> Wheelchair Transports
<input type="checkbox"/> Mending / Sewing	<input type="checkbox"/> Wheelchair Walks
<input type="checkbox"/> Nail Painting	<input type="checkbox"/> Other _____
<input type="checkbox"/> One-to-one Visits	

For Pet Therapy Volunteers Only:

My pet is current on all required vaccinations:

X _____
signature of volunteer _____
date