

RETURN TO: JOYCE CHORPENING, VOLUNTEER COORDINATOR,
PO BOX 1068, LAURIE, MO 65038

VOLUNTEER APPLICATION

Name: _____

Telephone #: _____

Address: _____

Referred by: _____

1. Frequency with which you wish to volunteer & time preference (circle preference)
 - a. Daily Twice Weekly Weekly Every Two Weeks Longer Intervals
 - b. Morning Afternoon Evening
2. Length of time you wish to serve (circle preference)
1 hour 2 hours 3hours Longer
3. Day of week preferred: _____
4. Do you wish to put a time limit on your commitment? (circle preference)
3 months 6 months 1 year Indefinite
5. What are you work skills: (Check where applicable)
Computer Experience _____ Computer Programs Familiar with: Word _____
Excel _____
Receptionist _____ Answering Telephones _____ Fliers _____
Filing _____ Waiters/Servers _____ Other _____
6. In what capacity do you wish to serve? _____
7. Previous volunteer experience: _____
8. What clubs or organizations do you belong to? _____
9. WHY DO YOU WANT TO VOLUNTEER AT THIS FACILITY? _____
10. **IMPORTANT:** HAVE YOU WORKED FOR THE GOOD SHEPHERD NURSING HOME DISTRICT BEFORE; LAURIE OR VERSAILLES? _____.
DID YOU LEAVE IN GOOD STANDING? _____.

BECAUSE OF THE INTERFACE WE WILL HAVE WITH RESIDENTS, WE CAN ONLY USE VOLUNTEERS THAT WOULD BE REHIRABLE BY THE FACILITY.