

**VOLUNTEER APPLICATION – Updated 05.03.2018**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Referred by \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

- Have you lived in the state of Missouri for 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, which state did you reside \_\_\_\_\_?

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

3. Length of time you wish to serve (Circle Preference)    &    preferred day of the week:

1 hour    2 hours    3 hours    Longer                              Day \_\_\_\_\_

6. What are your work skills: (Check where applicable) Day Care/Teaching \_\_\_\_\_

Computer Programs Familiar With: Word \_\_\_\_\_ Excel \_\_\_\_\_

7. Refer to the attached Volunteer Jobs List and mark your interest so we can make sure you are doing what you want to do. Remember an active volunteer works a “shift”.

8. Previous volunteer experience \_\_\_\_\_

9. What clubs or organizations do you belong to? \_\_\_\_\_

10. Do you have a church affiliation? \_\_\_\_\_ Where? \_\_\_\_\_

12. Are you retired? \_\_\_\_\_ from where and when? \_\_\_\_\_

13. If you are not retired, where do you work? \_\_\_\_\_

14. What would you like to see on the Volunteer page in the Newsletter?

\_\_\_\_\_

15. What are your hobbies? \_\_\_\_\_

16. WHY DO YOU WANT TO VOLUNTEER AT THIS FACILITY? \_\_\_\_\_

17. **ANSWER ONLY IF YOU HAVE BEEN AN EMPLOYED** BY THE GOOD SHEPHERD NURSING HOME DISTRICT; LAURIE OR VERSAILLES? \_\_\_\_\_. DID YOU LEAVE IN THE FACILITY IN GOOD STANDING? \_\_\_\_\_. BECAUSE OF THE INTERFACE WE WILL HAVE WITH RESIDENTS, WE CAN ONLY USE VOLUNTEERS THAT WOULD BE RE-HIRABLE BY THE FACILITY.

DATE OF BIRTH (MO/DAY) \_\_\_\_\_ DATE OF ORIENTATION \_\_\_\_\_