

HILLVIEW HEALTH CARE CENTER CAMPUS VOLUNTEER APPLICATION

I. Name _____ Date: _____
(Last) (Middle) (First)

Date of Birth: _____

Street Address: _____

City, State, Zipcode _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Emergency Contact (name and phone number): _____

Relationship: _____

References: (only one may be a relative - list name, relationship, and day-time phone number):

1. _____ 2. _____

(_____) (_____) _____

Email: _____ Email: _____

This section for students who require volunteer hours only:

School: _____

Major (college students only): _____

Class requiring hours: _____

Number of Hours required _____

II. Days and times you are able to volunteer. (circle preferences)

	Mornings	Afternoons	Evenings:
Monday	9:00 – 11:30 am	1:00 – 4:30 pm	6:00 – 8:00 pm
Tuesday	9:00 – 11:30 am	1:00 – 4:30 pm	6:00 – 8:00 pm
Wednesday	9:00 – 11:30 am	1:00 – 4:30 pm	6:00 – 8:00 pm
Thursday	9:00 – 11:30 am	1:00 – 4:30 pm	6:00 – 8:00 pm
Friday	9:00 – 11:30 am	1:00 – 4:30 pm	6:00 – 8:00 pm
Saturday	9:00 – 11:30 am	1:00 – 4:30 pm	6:00 – 8:00 pm
Sunday	9:00 – 11:30 am	1:00 – 4:30 pm	6:00 – 8:00 pm

____ (check here if you are interested in assisting residents with eating during breakfast, lunch or supper. What days and times are you available for?)

III. Skills/Abilities

Any skills, hobbies, or previous experiences you would like to share:

Any physical limitations: ____ Yes ____ No

If yes, please explain: _____

Is it OK to take pictures of you for bulletin boards, volunteer fairs, social media, etc.?

_____Yes _____No

Signature: _____

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IV. **Possible Areas of Work Preference** (Please mark your preferences.)

_____ Provide Talent (Instrumental, vocal, hobby, instruction on a topic)

_____ Help In Making and Putting Up Decorations

_____ Taking Residents for Walks/Wheelchair Rides/Outings:

_____ With Staff _____ Without Staff

_____ Take Residents for Rides Outdoors on a Trishaw (Motor Assisted 3 Wheeled Bike)

_____ Transporting Residents To and From Activities

_____ Helping with Special Events

_____ Help With Activities for Residents in Memory Care

_____ Assist with Craft Activities/Prepping Crafts

_____ Friendly Visits For Room-bound Residents (Reading/Simple Games/Talking)

_____ Letter Writing

_____ Outdoor Gardening

_____ Leading an Exercise Group

_____ Providing Manicures

_____ Assisting on Community Outings

_____ Assisting/Leading Table Games

_____ Custodial Work

_____ Assisting Residents With Eating Meals

_____ Delivering Weekly Calendars and Asking Trivia Tournament Questions

_____ Other: _____