

Vernon Manor

Volunteer Application Form

Name: _____ Date: _____

Address: _____

Phone: _____ Email Address: _____

Are you 18 years or older? ____ Yes ____ No

Any physical limitations, allergies, or medical conditions ____ Yes ____ No

If yes, please explain _____

Areas of Interest:

(Check all that apply)

____ Assist with Group Activities

____ Manicures (apply polish)

____ Arts & Crafts

____ Visiting, Conversing, Listening

____ Exercise

____ Table Games/ Cards

____ Parties/ Special Events

____ Help in Making and Putting Up
Decorations

____ Bingo (calling/ assisting)

____ Wheelchair Walks

____ Singing/ Playing an Instrument

____ Gardening

____ One-to-One Activities

____ Present on a topic (travel, technology,
history, foreign language)

____ Reading to residents

____ Religious Programs

Frequency you wish to volunteer:

____ Weekly (1, 2, 3 days)

____ Weekends Only

____ Every Other Week

____ Monthly

____ Other (Specify) _____

Days of the Week Preferred _____

Times available:

_____ Mornings (10am-11am)

_____ Afternoons (1pm-3pm)

Can we call you at short notice? _____ Yes _____ No

Are you comfortable working with lower functioning or very confused people? _____ Yes _____ No

Are you able to push wheelchairs? _____ Yes _____ No

Are you CPR or AED certified? _____ Yes _____ No

For publicity purposes, can your name and photo be used? _____ Yes _____ No

Personal References: Name: _____ Phone: _____

Name: _____ Phone: _____

Volunteer/ Service Work

Why I want to volunteer at Vernon Manor

Best qualities I can bring to Vernon Manor

Emergency Contact:

Name: _____ Phone: _____

I, the undersigned, agree that the above statements and information are correct and true.

Signature: _____ Date: _____