

# Bethesda Home and Retirement Center

## Volunteer Application

### CONTACT INFORMATION

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

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

Birthday: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

How did you hear about Bethesda Home and Retirement Center?  
\_\_\_\_\_

### EDUCATION AND EMPLOYMENT

#### Education

	Name of School, City, State	Level Completed	Current Major or Degree
High School:	_____	1 2 3 4	_____

College:	_____	1 2 3 4	_____
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Graduate School:	_____	_____	_____
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#### If your volunteer service is for school credit, please fill out the following section:

School's Name: \_\_\_\_\_ Course Title: \_\_\_\_\_

Address: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requirement: \_\_\_\_\_

#### If you are 17 or under, your parent or guardian must give their consent:

I, (please print) \_\_\_\_\_, give my consent for my child to participate in the volunteer program at Bethesda Home and Retirement Center.

Parent/Guardian Signature: \_\_\_\_\_

## Employment

Current place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

What are your regular work hours? \_\_\_\_\_

## EXPERIENCE, INTERESTS, SKILLS, MOTIVATIONS & AVAILABILITY

Volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Hobbies & interests: \_\_\_\_\_

\_\_\_\_\_

Skills & abilities: (musical, clerical, computer, etc.) \_\_\_\_\_

\_\_\_\_\_

Do you speak, read or write another language? \_\_\_\_\_ If yes, which? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

What do you hope to take from your volunteer experience?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to contribute by volunteering? \_\_\_\_\_

\_\_\_\_\_

What type of volunteer work would you be willing to do? (Please prioritize your choices 1-12.)

\_\_\_\_\_ Activities Assistant

\_\_\_\_\_ Outing Assistant

\_\_\_\_\_ Anything~I'm very flexible!

\_\_\_\_\_ Pet Visits

\_\_\_\_\_ Arts and Crafts

\_\_\_\_\_ Reading to the Visually Impaired

\_\_\_\_\_ Clerical/ Computer

\_\_\_\_\_ Special Events

\_\_\_\_\_ Dining Room Beverage Server

\_\_\_\_\_ Transport Assistant

\_\_\_\_\_ Gift Shop

\_\_\_\_\_ OTHER~Please list:

\_\_\_\_\_ One on One Visits

\_\_\_\_\_

When are you available to volunteer?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## A G R E E M E N T

I understand that if accepted as a volunteer:

- I voluntarily offer my services with an understanding there will be no monetary compensation.
- I agree to conform to all policies, procedures and regulations.
- I will satisfy any health screening requirements.
- If requested, I will submit references and/or appropriate school documentation.
- I certify that the information contained in this application is correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_