



Volunteer Application

Name:	Phone number:
Address:	Email:
City:	Birthday (mm/dd):
State:	Age (if under 18):
Zip code:	

I am available to volunteer at the following times (check all that apply):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9:30am-11:30am)							
Afternoon (2pm-4pm)							
Evening (6pm-8pm)							

I would like to volunteer: ____ hours Once a week Once a month Other: _____

About Yourself

1. Do you know a resident or staff member at Brookside? No Yes, _____

2. Do you have prior volunteer experience?

3. What skills and qualifications do you have that will help you as a volunteer?

4. Do you have any hobbies or special interests that you could share with the residents?

Emergency Contact Information

Name:	Relationship:
Daytime Phone:	Evening Phone:

Agreement and Signature

As a volunteer, I will be an important part of the Brookside Care Center Team. In this effort I agree to:

- Be punctual and notify the Life Enrichment Director of any delays or absences as soon as possible.
- Conduct myself with dignity and be courteous at all times.
- Respect the confidentiality of residents and staff.
- Follow instructions as received from the Life Enrichment Director and the staff person I am assigned to work with.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):	
Signature:	Date: