



APPLICATION FOR VOLUNTEER SERVICE

- Sunnyside
- King's Grant
- Summit Square
- Corporate Office

3935 Sunnyside Dr., Suite A, Harrisonburg, Virginia 22801-2336

350 King's Way Road, Martinsville, Virginia 24112

501 Oak Avenue, Waynesboro, Virginia 22980

600 University Blvd., Suite L, Harrisonburg, Virginia 22801

Name: _____ Date: _____

Address: _____
Street or Box No. City State Zip Code

Home Phone: _____ Business Phone: _____ E-Mail: _____

Date of Birth: _____ Spouse's Name: _____

Current Occupation: _____

Previous Work Experience: _____

Previous Volunteer Experience: _____

Education: High School _____ College _____ Major _____ Degree _____

Special education or training that you feel is relevant to working with older adults: _____

Please list hobbies, skills, special interests, and community group affiliations (clubs, church, etc.): _____

We want your volunteer work to be enjoyable and meaningful to you as well as to our residents. With that in mind, please answer the following questions as completely as possible:

How did you learn of this opportunity for volunteer service? _____

Do you prefer, if a choice exists, to work with a group or on a one-to-one basis? _____

What type of volunteer service do you have in mind? _____

What hours and days do you prefer? _____

In case of emergency, contact: _____

Address: _____
Street or Box No. City State Zip Code Telephone

References:

(1) _____
Name Street or Box No. City State Zip Code Telephone

(2) _____
Name Street or Box No. City State Zip Code Telephone

OPTIONAL INFORMATION

Would you consider transporting one or more residents to the mall or to a special event? YES NO

If YES, please complete the following: Virginia driver's license number: _____
Expiration date of driver's license: _____

Would you prefer to: drive a facility vehicle OR drive your own vehicle?

Does your insurance cover you while you are using your car as a volunteer to transport residents? YES NO

Have you had an automobile accident or chargeable offense in the last three years? YES NO

If YES, please explain: _____

SIGNATURE: _____ **Date:** _____

TO BE COMPLETED BY STAFF

Evaluation of Applicant: _____

Date of orientation: _____ Date of specific training: _____

Assignment I: _____

Assignment II: _____

Assignment III: _____

- Sign-in card
- Welcome letter
- Information to Public Affairs
- Weekly Schedule
- Name Tags
- HIPAA Form
- Information in database
- Criminal Background/Sex Offender Check Negative/Positive

Date: _____ Signature: _____