

PERSONAL INFORMATION

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|--|-----------------------|---------------------------------|---------------|------------|
| Name: ↑ | | | | |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | | |
| Address: ↑ | | | | |
| <i>Street & No.</i> | <i>Apt. #</i> | <i>City/Town</i> | <i>State</i> | <i>Zip</i> |
| () - | () - | | | @ |
| Home Phone # ↑ | Cell Phone # ↑ | Frequently Used Email: ↑ | | |
| What is your birth date? ___/___/___ | | Your Current Age? _____ | | |
| ◇ In case of emergency, whom should we contact? | | | | |
| Name: ↓ | | Relationship: | Phone: | |
| | | | () | |

TELL US ABOUT YOURSELF

Would you like to work with residents?

Yes No

What departments or programs are you interested in?

Any physical, mental, or medical condition which prevents you from performing certain types of work?

Yes No

→ *If yes, what is the reason?* _____

Day(s) you are available to volunteer (circle)

Mon Tue Wed Thurs Fri Sat Sun

Times Available:

Morning Afternoon Evening Full Day

Are you interested in a career in the health care field?

Yes No

→ *If yes, what area (Circle):*

Medicine/Nursing Occupational Therapy

Physical Therapy Radiology

Recreational Therapy Other _____

Do you have a relative who works here? Yes No

→ *If yes, who & where?* _____

Do you speak another language? Yes No

→ *If yes, what language(s)?* _____

Do you have any special talents?

Art Dance Photography Organize Nails

Play Instrument(s) Sing Working with Children

Other: _____

Are you volunteering for the summer only? Yes No

Are you required to volunteer? Yes No **How many Hours do you need to complete?** _____

What are the requirements, and what is the reason you need to complete hours?

VOLUNTEER EXPERIENCE INFORMATION

Please list a work or volunteer position you have held. Include your supervisor's name.

If you have never worked or volunteered, please list one academic reference or someone who is not related to you who knows you well:

↓ **Name:** _____ **Relationship (i.e. counselor, teacher, pastor, scout leader):** _____

#1-

↓ **Address** _____ **City/State** _____ **Phone #** _____

#1-

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EDUCATION INFORMATION

#1.) If you are in **Middle School / High School**, please fill out:

What Middle School or High School do or did you attend?

City/State: _____

What year are you in? (circle the grade you're currently in)

Freshman Sophomore Junior Senior

Did you graduate? Yes No

Awards, Certificates, or any Extra Curricular Activities you participate in: _____

Year you Graduate(d)? _____

#2.) If You are in **College**, Please fill out below:

What college or universities do or did you attend?

City/State: _____

What year are you in? (Circle the grade you're currently in)

Freshman Sophomore Junior Senior

Other Schooling, Certification, License, or Degree: _____

Major? _____

Did you graduate? Yes No

→ **If Yes, What year?** _____

PERSONAL STATEMENT

Why are you interested in volunteering at Masonicare Health Center?

- ✓ I have answered each question fully and correctly.
- ✓ I agree to respect the rights and confidentiality of the residents and patients.
- ✓ I understand I am volunteering on my own free will, and understand the responsibilities and commitment I will have to make.

Signature: _____

Date: _____

If under 18, parent/guardian signature required:

→ **Parent/Guardian** _____ **Date:** _____