

Volunteer Services Application



Jones-Harrison
Established 1888

Application Date: _____

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Birth Date Month _____ Day _____ Year (Optional) _____

Current Occupation: Full-time ___ Part-time ___ Retired ___ Unemployed ___

Company Name: _____ Position: _____

Previous Volunteer Experience: _____

Interest and Hobbies: _____

Do you need to complete volunteer hours for school, church, community service or any other program?

Yes ___ No ___ If yes, explain: _____

How did you hear about our volunteer opportunities: Check the one that best fits.

- JHR volunteer/employee
- Church
- Civic Organization
- Corporation
- Friend/ relative
- Volunteer Center

- Internet
- Newspaper
- Radio
- Other (Please specify) _____

VOLUNTEER SERVICE AREAS: (Please check all that apply.)

- Arts/Crafts or Ceramics Assistant – assist residents complete a project during a group activity
- Bus Outings Volunteer – socialize with resident, assist with getting on/off bus, no driving required
- Card Partner – play bridge, rummy or 500, hearts etc.
- Collectors Showcase – share your special collection i.e. stamps, coins, antiques, costume jewelry, handcrafts etc.
- Gift Shop Associate – assist residents with purchasing items in the store, keep shop orderly
- Sports, Active Games or Exercise Leader- promote physical and mental well-being through fun and competition
- Table Games Partner – play chess, checkers, monopoly, scrabble etc.
- Reader – read a variety of materials to resident
- Leisure Cart Operator – assist residents who prefer independent leisure
- Friendly Visitor – provide acceptance and friendship to resident through individual visits
- Pet Visitor – bring your dog to JHR to visit with residents
- Movie Leader – implement a weekly movie
- Walking Companion – to accompany ambulatory or wheelchair residents on a walk in or out of building
- Musician – play your string or woodwind instruments, piano, accordion etc.
- Manicurists – filing and painting only

AVAILABILITY. (Please indicate the times you are available to volunteer.)

| | Sun | Mon | Tues | Wed | Thur | Fri | Sat |
|-----------|-----|-----|------|-----|------|-----|-----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that completing this application does not ensure a volunteer placement. I also understand that this is not an application for paid employment.

Signature of Applicant: _____ Date: _____