

Emily Gibson
Life Enrichment Coordinator
815-877-1441 x 1335

VOLUNTEER APPLICATION
PLEASE PRINT ALL INFORMATION CLEARLY!

DATE _____ BIRTHDAY (mo/day/Yr) _____

NAME _____ Home Phone _____

Work Phone _____ Cell/Pager _____

Street Address _____ City/State/Zip _____

Email Address _____

Have you ever been convicted of a crime other than minor traffic violations? _____ YES _____ NO

If yes, please describe in full _____

(NOTE: A "yes" does not necessarily disqualify you from consideration. The nature of the offense, date, surrounding circumstances and the relevance to the assignments will be considered.) A criminal background investigation will be conducted on all non-resident volunteer applications for persons age 16 years or older.

TELL US ABOUT YOURSELF

Education Completed _____ Current School (if a student) _____

Current Employer _____ Supervisor's Name _____

Employer City/State _____ Position _____

Community Affiliations (i.e. social, school, church, etc.) _____

Hobbies, special skills or interests: _____

Previous volunteer experience _____

Were you ever a volunteer with us before? _____ YES _____ NO If yes, please describe: _____

How did you learn about Fairhaven? _____

Reasons for becoming a Volunteer _____

TIME PREFERENCES

Days you are available (please circle): Mon Tue Wed Thur Fri Sat Sun

Hours you are available: _____ AM _____ PM

VOLUNTEER ACTIVITY PREFERENCES (check all that apply)

- _____ assist at special events or projects
- _____ paint nails
- _____ play a musical instrument (name instrument _____)
- _____ sing or assist with sing-a-longs
- _____ assist with worship services, spiritual life programs
- _____ be a one on one "Friendly Visitor" to a resident (i.e. to read, write, play board or card games, etc.)
- _____ serve as a Coffee Shop or Front Patio visitor
- _____ serve as a Transport Escort – help us move residents to other parts of the building or on walks
- _____ help someone learn basic computer/email/internet
- _____ help with group active games
- _____ help with bingo (hand out cards, chips, help 1-2 residents)
- _____ help with cooking projects
- _____ help with arts and crafts
- _____ help serve refreshments at a social or birthday party
- _____ bring my child/children to visit residents
- _____ bring my certified, therapy trained pet to visit residents
- _____ assist with prep work (putting together supplies for a craft project, cutting, tracing, etc.)
- _____ I would like to "customize" an event, activity, hobby or art and craft for some residents as follows: _____

LIST 2 PERSONAL REFERENCES – NOT RELATED OR LIVING IN SAME HOME – 21 YRS OR OLDER:

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize Fairhaven (or its agent) to thoroughly investigate my background, education, references and/or employment or school record. I understand that I am applying for unpaid work as a volunteer with no expectation of compensation and that this application is not a contract or an offer of a volunteer position or employment with Fairhaven Christian Retirement Center.

SIGNATURE

DATE