



Return the completed application to our Recreation Director.

Phone: (715) 552-1035 **Fax:** (715) 552-4567

Email: amizer@dovehealthcare.com

Volunteer Services Application

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Email (optional): _____

Telephone Number: _____
Day Evening

Student: ____ Yes ____ No If yes, where: _____

Occupation: _____ Place of Employment: _____

In case of emergency notify: _____
Name Relationship Phone

Reason for Volunteering: _____

Number of Hours Required (if applicable): _____

Previous Volunteer Experience: _____

Times available for volunteering: ____S ____M ____T ____W ____Th ____F ____Sa
____Morn ____Aft ____Eve ____On call Hours Available _____

Skills, Education, Past Experience

- Arts
- Crafts
- Foreign Language (which) _____
- Gardening
- Knit/Crochet
- Legal/Technical
- Music
- Nursing
- Public Speaking
- Secretarial/Clerical
- Sewing
- Singing
- Teaching (area) _____
- Woodworking/hobby _____

Other: _____

Interested Areas of Service

- Bingo/Pokeeno
- Board Games/Cards
- Cards
- Computer games/Wii
- Lead Current Events/Rem. Group
- Assist with Outings
- One-to-One Visits
- Crafts _____
- Read to Residents
- Sit Outside with Residents
- Manicures
- Lead Sing-a-long/play instrument

Other: _____

References:

1. _____

Name	Address	Phone
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2. _____

Name	Address	Phone
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I have read and understand the information provided to me in the Volunteer Orientation Handbook.

Signature _____ Date _____

Parent Signature (if under age 16) _____